Clinical Lecture
ON
SOFT CHANCRES IN THEIR RELATION TO SYPHILIS.

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GENTLEMEN,—I wish to state to you, as explicitly as I can, my creed as to the relationship between the soft and the hard chancre. It is simply this: that the one is produced by pus-contagion, and the other by a specific virus. Let me ask you for the time to try to conceive of the latter as of the sporules of yeast, or as of some infinitely minute molecular bodies possessing independent vitality, and capable of growth and of enormously prolific multiplication when once implanted in a suitable soil. Although the cryptogamic or microphytic character of the syphilitic virus has never been yet demonstrated, yet it is so highly probable that we conveniently assume it proven. At any rate it is essential that you should think of its germs as of specific and definite bodies—as definite, for instance, as the seeds of clover or mustard, and as capable of being mixed up with other materials whilst yet preserving intact their own individuality. Now, let us ask what is our knowledge as to the results of implantation of these germs in the human body. We know this, that usually for a day some trivial irritation marks the spot where the inoculation has taken place, that this irritation soon passes off, and that all appears quite well for about a month or five weeks, when the spot begins to itch, to become red, and subsequently to indurate. A little later we find a peculiar hardness at the base of the inflamed spot; and to this hardness, attended as it usually is by but little ulceration or discharge, we give the name of the Hunterian chancre. We know, further, that at about the time when the sore takes on characteristic induration the patient usually becomes a little feverish, his tonsils ulcerate, and his skin shows numerous spots or blotches, symmetrically placed. Such is the usual, or perhaps we might say the typical, course of primary and secondary syphilis; but we know also that departures often occur from this type. The qualities in the specific virus which cause induration in the chancre may also cause inflammation of a more destructive kind, and then the sore, instead of remaining almost free from ulceration and suppuration, becomes deeply eroded by molecular gangrene, and may discharge purulent secretion in some abundance. This liability to ulcerate occurs not alone in the primary sore or chancre, but in the papules or tubercles which constitute the secondary rash. These are often quite free from secretion, their epidermis never breaking; but in many cases they ulcerate, and become covered by a pus-crust.

You must now allow me to reiterate a very important assertion as to fact which I have often before made, and it is this—that *all living pus is contagious*. I mean that all living pus-cells possess the power of setting up when transferred to another home, if that home be a suitable one, a kind of inflammatory action similar to that from which they themselves had originated. Gonorrhœa-pus will produce gonorrhœal inflammation; but note, it must gain a favourable tissue home. It will succeed if put on the mucous membrane of the urethra, or on the conjunctiva, or into the nostril, or into the rectum, but in each of these parts it flourishes with differing degrees of vigour, whilst on the skin, and possibly in the mouth, it will not live at all. The doctrine of the contagiousness of freshly-produced (i. e., living) pus explains much that we observe as to the spread of many forms of skin disease in which the secretion infects other parts of the patient's skin or the skin of other persons. We have long been in the habit of applying the old term porrigo to all forms of eruption believed to be due to the transference of purulent secretion from part to part. Foot-rot in sheep is another excellent example of the contagiousness of pus, this disease being simply a kind of suppurating whitlow of the hoof, which spreads through a flock by contagion from one to another. There are several secondary laws which we must keep in mind in reference to the contagiousness of pus. First, I have already said that the pus, if it is to grow on the new soil, must be living when you put it there. This is obvious. You must not expect the pus of an abscess, for instance, which is usually dead and in an advanced state of fatty degeneration, to manifest any vital properties. It may possibly irritate, but it can do nothing worse. Secondly, the precise character and stage of the inflammatory process which has produced the pus will be represented in the recipient. If you inoculate the conjunctiva with the pus from gonorrhœa in an early and acute stage, an acute purulent ophthalmia will result quite different from that which would follow inoculation with pus from a chronic gleet. Thirdly, it seems very probable that the pus produced by any special tissue is contagious, or, in other words, capable of further vital action, by preference on some tissue of similar kind to that in which it originated. I have already mentioned gonorrhœa-pus as an instance, and alluded to its different degrees of virulence on the different mucous surfaces. We may remember, in passing, that gonorrhœa of the male urethra rarely causes similar inflammation on the mucous lining of the prepuce, whilst in the female gonorrhœal suppuration of the vagina almost always infects the urethra. We may venture, I think, to believe, without much fear of being wrong, that pus-cells, as a rule, prefer that their new habitat should resemble their birthplace. The negro does not thrive in Newfoundland, nor the Esquimaux on the Gold Coast, although each might bear without detriment transference to almost any distance from home if to a home-like country. It is so with pus-cells: those originating in the skin are contagious to skin, those in the glans to the mucous membrane of the glans, those from the urethra to the urethra, and so on.

The bearing of these facts upon the theory of venereal sores is obvious. We have seen that the true virus of syphilis may cause inflammation, and thus result in ulceration and the formation of pus. Let me ask you to believe that the pus so produced is in itself contagious, and you have my theory of all soft or non-infective chancres. This pus, although produced by an inflammation caused by the specific germs of syphilis, does not necessarily contain those germs. It may contain them, or it may not, just as the clover you sow in your field may or may not contain, as an accidental admixture, the seeds of poppy as well. If the poppy-seeds be there they will probably grow; and just so if with the pus-cells there be also the germs of the syphilitic virus, they too may grow, and you may have a mixed crop. Mixed chancres are indeed very common. I hope I shall mislead no one by using the illustration of the clover and poppy-seed, which is, after all, only superficially applicable. The difference between the contagion of pus—a purely local affair—and that of syphilitic virus, a zymotic, self-multiplying, specific poison, capable of passing into the blood, and destined to go through long stages of development and change, is far greater than any that can be imagined between two species of vegetable seeds. Nor have we, in mentioning these points of great difference, specified the chief, which is that the relationship between the syphilitic virus and the pus-cells is that of producer and product—one which no two vegetable seeds ever maintain to each other. If they were like each other in any degree comparable to the likeness between two seeds, even of the most widely different plants, there would be some show of reason for the terms employed by dualists. On the contrary, I hold that the dualists have not, and never had, the slightest basis for their creed. Chancres differ, it is true; but we have, and let us be thankful that it is so, no duality of syphilis. The soft sore is not syphilis at all, and cannot produce syphilis; nor is it the offspring of a sister virus. If the term dualism means anything it must, I suppose, mean this—that there are extant two kinds of specific poison, each producing its specific results, and incapable of transmutation or alliance. If the hypothesis which I have suggested be the true one the soft sore is not the offspring of a specific virus, but comes as a sort of side result from the inflammation caused by it. Thus, if you could to-day exterminate soft sores, and destroy all the secretions capable of producing them by contagion, you must expect in a few weeks again to find them reproduced.

If, on the other hand, you could destroy all hard chancres, and all the specific germs of syphilis, there would be no reproduction of the disease. The soft sore cannot develop the specific germs of syphilis; but the germs of syphilis can cause the inflammatory action which produces the pus that is the *materies morbi* of the soft sore. I repeat, there is no dualism here, for the soft sore is nothing but a poor degraded, bastard, and unprolific* child of the one true syphilis.

Perhaps some may be saying that I am asking them to believe a great deal on very little evidence. Candidly, I do not think so; for although I admit I offer nothing that can be called proof, yet the probability seems very strong. At any rate, the theory advanced does appear to offer some explanation of what was before not explained, and it relieves us from the necessity of trying to believe the very unlikely suggestion that two separate specific poisons, each liable to be conveyed chiefly in the venereal act, have existed side by side for many centuries without becoming intermixed.

Let us next try how this theory will fit with what we observe in practice.

We have first the fact, which is universally acknowledged, that the soft sore has no period of incubation. This is precisely what we should expect on the theory of pus-contagion, and precisely what we should not expect if there were any specific virus in the case. It is parallel with what happens in gonorrhœa, in purulent ophthalmia, in porrigo of the skin, and, as I believe, in erysipelas. Next we have the frequent multiplicity of soft sores, which is to be explained by the fact that the purulent secretion from the first is contagious. It may happen that several parts have been inoculated simultaneously from the first contagion, but it is probable that in most cases the first sore stands in the position of parent to the others. You may sometimes see a dozen soft sores on the same penis, and not unfrequently some spots covered with pus-scabs (porrigo) are seen on the patient's thighs and abdomen. The ease with which you can inoculate the soft sore on any part of its possessor's skin, and for any number of times, is simply another illustration of the same fact. The pus which easily effects accidental contagion is of course easily inoculable; and, inasmuch as there is no specificity in the matter, nothing but a purely local process, the constitution never becomes protected, however many times it is repeated. I must claim also the circumstance that soft chancres may differ one from another within very wide limits of variability as another argument in support of my view. I believe it is generally acknowledged that when a soft chancre is transmitted by inoculation the second sore very closely resembles its parent; and I am far from wishing to assert that in the matter of contagion all pus is exactly alike. Indeed I have already said that it is modified by the special kind of tissue from which it is produced, also by the stage of the inflammatory process, and, allow me now to add, by the special type of the inflammation. By the term "type" I mean the whole of the clinical peculiarities which the inflammatory process in question shows: thus we may have a phagedænic type, a suppurative type, an erysipelatous type, a diphtheritic type, and many others. The word "variety" would perhaps be equally applicable; but, whichever word we use, I wish clearly to say that in speaking of a type of inflammation it is intended to imply only clinical peculiarities, and not specificity. Just in the same way we speak of a greyhound, a pointer, or a spaniel, meaning in each case to denote a well-recognised type of dog, but by no means to imply specific distinctness. All dogs will of course breed together, and their mongrel progeny may exhibit all varieties of mixed qualities. It is practicable of course, with care, to secure what are called "pure breeds"; and my suggestion is that a precisely analogous law obtains in reference to pus-contagion—the progeny will resemble its parent. Thus, I think, I am quite entitled to recognise the peculiarities which soft chancres present, their similarity one to another, and the considerable degrees of dissimilarity from sores which result from other causes, without for a moment acknowledging that these facts imply true specificity in origin. It is simply a matter of degree; and it is highly probable that you may breed up, so to speak, a certain quality of pus until, so long as due precautions are taken, it will manifest almost invariably peculiarities in its products which are deceptively like those of a species.

You will all be aware that it is extremely rare for any surgeon, however well skilled he may suppose himself in the diagnosis of the results of venereal disease, to recognise a soft chancre on any other part than the genitals. It is for the most part on these surfaces only that soft sores will assume peculiarities which are easy of recognition. If a chancre is diagnosed on any other part, that chancre is always an indurated, or at any rate an infecting one. Yet there can be little doubt that persons do, not unfrequently, get contaminated with the pus-secretion from non-specific venereal sores on other parts than the genitals. The product, however, has not enough of peculiarity to lead to its recognition. The precautions necessary for breeding "true" have not been observed. The conditions indicative of peculiarity of type fade away, and we recognise only an irritable pus-secreting sore, to which we may give, according to our habits and nomenclature, the name of impetigo, porrigo, or ecthyma.

(To be concluded.)

* "Unprolific" in the sense of not being able to produce a blood disease; prolific enough as to its capability of causing local contagion.

NOTE OF A NEW FORM OF PSEUDO-PARAPLEGIA.

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T. S——, aged thirty-five, a labourer, married, a native of and resident in Fife, was admitted to the Royal Infirmary, under my care, on July 23rd, 1875, complaining of want of power in both legs and the right arm, from which he has suffered more or less for three years. He states that he has always been healthy, and never met with any accident. At the age of twenty-two he went to New Zealand, and remained there for ten years. From the age of twenty-five to twenty-seven he was occasionally guilty of masturbation. He enjoyed perfect health till he was on his homeward voyage, when he felt a pain as of something tied tightly round his waist. This pain prevented him from standing upright, and he sometimes felt that he dragged his right foot slightly. On reaching home he suffered from a stiffness in his legs, and dizziness, with occasionally a peculiar sensation which he describes as an uneasiness passing up the left leg, then down the right, becoming in the latter part of its course as if boiling water were scalding the limb. He consulted various practitioners, one of whom applied the cautery over the spine with decided benefit. In January, 1873, he married. He did not indulge excessively in sexual intercourse, but he observed that the completion of the act appeared to be delayed. He worked as a labourer and was frequently employed in carrying bags, and was able to continue at his occupation until nine months ago, when the stiffness of his limbs had so increased that he had to give up the attempt. His habits as to food and drink have been favourable; his home has always been comfortable; his work pretty hard, but not excessive. He knows of no nervous disease in his family.

On admission he was sound in all respects except the nervous and muscular systems. He had no abnormal sensation except slight numbness in the fingers of the right hand, especially the thumb and forefinger; sensibility to all kinds of impressions natural everywhere, except in the right hand, where it seems slightly diminished. His sight has failed a little of late, especially in the right eye. His pupils are sluggish, of medium size and equal. In the right eye the disc is greyish, its outline ill defined, and the vessels are diminished in calibre. The left eye is similarly but less affected. Hearing, taste, and smell are natural. The muscular sense, as tested by weights, and by standing and walking with the eyes closed, is natural. The natural reflex actions are normally performed, except that micturition is often slow and the bowels are singularly constipated. On tickling the soles the legs do not jerk, but become rigid from general spasm of the muscles. Voluntary motion is normal in the head, thorax, abdomen, and left arm. The muscles of the right shoulder and upper arm are normal, and he can grasp firmly with the hand, but he says he feels it somewhat weak, and incapable of finer movements, such as but-

toning. When he attempts prolonged finer movements, as in writing, his efforts are from the first slow and unsatisfactory, and soon fail altogether, not from any jerking, but from failure of the action of his fingers. The movements of his legs are singularly impaired. He can flex the thigh quite well, but he cannot, when lying in bed either on his face or his back, bend the knees nor the ankles nor the toes. As soon as he attempts to do so the flexor muscles come into play, but at the same moment the antagonistic muscles contract correspondingly, and the limb becomes rigid. He has learned, by moving his pelvis and hip-joints, to obtain some mechanical advantage, and get his flexors to prevail, so that in a roundabout way he obtains flexion; but this is both slow and unsatisfactory. As soon as he ceases to aim at flexion all the muscles relax. When he stands he plants his feet somewhat apart, but is quite steady; and closing his eyes makes no difference. His legs are quite rigid, all the muscles being contracted, and the right foot slightly inverted. When he tries to walk, the legs continue rigid; there is no jerking; throwing himself over on the supporting leg, he brings the foot round with a swing, scarcely clearing the ground, and he moves it slowly; the moving leg looks as if it were powerful, but held down and back by a heavy weight. His legs are easily fatigued, and he likes to help himself forward by grasping objects with his hands. He has, owing to the rigidity of his limbs when he attempts to move, the greatest difficulty in going up or down stairs. He manages to sit down by making use of the weight of his body, throwing the centre of gravity behind the line of his legs, and he is able to rise without much difficulty. Getting into bed is a difficult process on account of the rigidity of the limbs. He throws himself diagonally into the bed, his pelvis resting on the edge, and then he swings his legs round into the bed. The vaso-motor and nutritive functions are normal, as are also the cerebral and mental. The cranium and spine are well formed. Percussion over the lumbar region elicits complaint of some degree of tenderness. The hot sponge brings out nothing peculiar. The bones and joints are normal. The muscles are in all parts well nourished. In both legs, also apparently in the right hand, voluntary effort at movement or peripheral irritation induces spasmodic contraction of all the muscles, so that the limb becomes rigid, as above described. There is no tendency to cramp. After prolonged exertion jerking of the muscles is noticed, but it soon passes off. There are no fibrillary twitchings. Electro-sensibility and electro-contractility are normal.

The peculiar features of this case are, the almost perfect soundness of the sensory functions, and the undue excitability of the motor structures, whereby voluntary movement is prevented by corresponding and equivalent contraction of the antagonistic muscles, general contraction being also induced by peripheral irritation.

These features do not correspond to anything which is described in the works on diseases of the nervous system to which I have access. It is sufficiently clear that, although the patient is practically paraplegic, he is not really so, seeing that the power of muscular contraction is impaired in no part of the lower limbs. It is therefore among the pseudo-paraplegias that we must look for analogous cases. In M. Jaccoud's classical work, "Les Paraplegies et l'Ataxie du Mouvement," there are described five forms of pseudo-paraplegia, viz.:—

1. A result of general asthenia, which is essentially characterised by the debility being as marked in the arms as in the legs, and by all normal movements being performed, although feebly.

2. A result of partial paralysis—that is, of paralysis of individual muscles or groups of muscles.

3. A result of exaggerated spinal excitability. In this form walking is embarrassed or rendered impossible, because contact of the sole of the foot with the ground induces more or less violent reflex movements; it may be either in the extensors or the flexors. This, of course, induces singular jerkings, which interfere with progression. When fully developed it cannot be confounded with paraplegia, because the limb is agitated by movements, sometimes painful, each time that the foot touches the ground; but when it is present in a less degree error is possible, walking being simply rendered difficult or irregular by the sudden contraction of a group of muscles, which interferes with the series of movements necessary for normal progression. If one watches closely, however, the nature and cause of the interference with walking are evident. If the mode of walking does not clear up the case, directing the patient to move in bed infallibly does so; for the movements of the leg are perfectly normal so long as the foot is not touching the ground. This was described by M. Goupil as a form of hysterical paraplegia. The embarrassment of movement is solely connected with reflex irritation; voluntary motion is perfectly intact. And the embarrassment is not merely due to plantar hyperæsthesia. That hyperæsthesia exists in some cases, but not in all; and it is generally quite evident that it is the excitability of the cord which is at fault; the excito-motor elements have become excessively sensitive.

4. A result of plantar anæsthesia. The gait is hesitating and unsteady.

5. A result of locomotor ataxia, due to sclerosis of the posterior columns of the cord.

It is obvious that our case cannot be referred to any of the first four categories, and a little consideration should satisfy anyone that it is not referable to the fifth. The three great essential features of locomotor ataxia are wanting. The patient can stand and walk almost as well with his eyes shut as open; his walk is slow and stiff, not jerking, and is unaccompanied by the characteristic stroke of the heel on the ground; he is as helpless in bed as out of it; and the sensory functions are unimpaired.

What, then, is the nature of the affection? It certainly is not merely hysterical, or of the functional character which in women we are accustomed to designate by that title, for it is not attended by any of the ordinary symptoms of that malady, and the early history of the case, supported by the organic changes in the eye, afford conclusive proof that organic disease of the cord exists.

What columns are affected? Certainly not the posterior; for the sensory functions are normal. Certainly not the grey matter to any grave extent; for reflex action, electro-contractility, and the nutrition of the muscles are unimpaired. With equal certainty we may say that the antero-lateral columns are affected, as is proved by the abnormal motor excitability. That the peculiar action is of spinal, not of cerebral, origin is proved by its occurrence in answer to irritation of the soles as well as on voluntary effort.

What is the nature of the lesion? The origin and progress of the case, taken with the affection of the optic nerve, forbid the idea of its being merely functional; and yet it may be hoped that the organic lesion does not extend deeply into the substance of the cord. The commencement during a long voyage, the feeling as of a tight cord round the waist, the giddiness, and the uneasy sensation in the limbs, render it highly probable that a degree of myelitis then existed. The gradual progress towards rigidity on exertion renders it likely that a degree of sclerosis exists. Still, as it is three years since the illness commenced, and as there is even now no true paralysis, or almost none, in the legs, there seems to be reason to hope that the symptoms may be in great measure due to increased excitability of a functional nature.

The condition which appears to me to be most closely allied to what occurs in the case is that which is known as associated movements (Mitbewegungen). Referring to this, Leyden* says that its essential characteristic is that when it is intended to bring a voluntary muscle into play, simultaneous contractions occur in other groups. It is seen in the healthy condition when violent effort is made. Nothnagel regards it as a result of an irradiation of the voluntary impulse. He remarks that the more intense that impulse is, the more widely is its irradiation diffused. Sometimes, in morbid conditions, the intended movement is weakly performed, the other strongly, so that a result the opposite of what was intended is obtained. In cases of paralysis of the extensors of the forearm, for example, the patient may produce flexion when he purposes to extend the fingers. In pareses of the legs it is observed that the associated movements become stronger at every step as the voluntary effort to walk increases. Careful observation of the case under consideration shows that it does not exactly correspond to this in respect that there is, so far as I can make out, no paralysis, only the abnormal irradiation of the voluntary impulse.

A question of great importance is, whether the irradiation in our case is due to irritation originating in sclerosis of the

* Klinik der Rückenmarks Krankheiten, vol. i., p. 133.

cord. It is quite possible that it may be; and if so, we may expect to find a further gradual extension of the disease, with increase and alteration of the symptoms, true paralysis becoming ultimately developed.

Meanwhile it is clear that the object to be kept in view in treatment is the diminution of the excitability of the spinal cord. The application of icebags along the spine appears to be invariably followed by temporary improvement. When they have been applied for some time, the patient bends his legs quite readily; but when he attempts to walk, little difference is noticed. Ergot of rye has failed to do good; conium has also failed; chloral hydrate appeared to prove in some degree beneficial, but latterly has been found to be of little use. Other remedies must be tried, in the hope that the irritability may be overcome.

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REPORT OF

A CASE OF FEMORAL ANEURISM.

BY FLEET-SURGEON JOHN ELLIOTT, R.N.

(*Communicated by the* DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

S. T——, gunner, Royal Marine Artillery, aged thirty-seven, single, of spare habit, thin, sallow features, and prematurely-aged appearance, was admitted into the Naval Sick Quarters at Halifax on the 6th of June, 1874. During eighteen years' service he has been in the hospital with intermittent fever, pneumonia, syphilis (not constitutional), and bubo. Otherwise he has enjoyed good health, occasionally, however, complaining for days at a time of a stitch beneath the left nipple. He is of temperate habits, and does not smoke. For the last two years and a half he has been employed as coachman to an officer on this station. The patient stated that on Saturday, the 30th of May, he had a number of heavy packages to lift and place in position, and among them a barrel of vegetables weighing 3 cwt. The following day, though not complaining, he did not go out, and on the Monday "felt curious," finding a great stiffness from the knee to the hip when he got up. These symptoms increased during the day, and prevented his sleeping at night. He felt "as if he had been beaten about the thigh with a stick." On Tuesday morning, when getting out of bed, he noticed a lump, the size of a "hen's egg," in his left groin, beating forcibly. He went about his customary duties, however—washing a carriage, cleaning harness, &c. Towards the evening the limb felt numb, and he applied a turpentine stupe. The following day the numbness had disappeared, though the tumour had increased in size, and the pulsation was stronger. Went about his duties as usual—driving, &c.; and at 11.30 P.M., on his way home, he felt the cold very much. On Thursday there was a continuance of the same signs. On Friday he took to bed; and on Saturday morning, the 6th of June, at 9 A.M., he applied for relief at the Naval Sick Quarters, and was at once admitted.

Present condition.—Upon examination a large tumour, measuring 5 in. (transversely) by 4 in. (vertically), somewhat globular in shape, but compressed on its surface, and pulsating visibly with great force, was found at the upper and anterior part of left thigh, occupying the greater part of Scarpa's space and whole of inguinal region, pushing up Poupart's ligament, and obscuring situation of anterior superior iliac spine externally. Upon palpation it was found distinctly circumscribed, hard, and tense, with greatly thickened coats, and distensile pulsation. Its surface was marked by a cicatrix two inches in length, where a bubo had been opened some time before. A soft bruit was heard all over the tumour, and with greatest distinctness internally over the artery. The heart sounds were found normal, though somewhat deficient in strength, and the general health was good.

General record.—Patient was at once placed in bed, and ordered a mixture containing two scruples of tincture of digitalis and one grain of tartar emetic, one-eighth part three times daily; low diet with milk. Digital compression was applied for two hours over external iliac artery, in close vicinity of tumour, and had the effect of almost stopping the pulsation, the bruit disappearing; but the size of the tumour was not lessened, nor could it by pressure be emptied of its contents. Patient complained greatly of numbness of thigh below seat of aneurism during and after its application, and the temperature of the leg and thigh of the affected side was found lower than that of the other. The artery was again compressed for an hour at 2.30 P.M., but had to be stopped on account of the pain to which it gave rise. It was again attempted at 4 P.M., but could not be borne. The pulsation in tumour is stronger—85. Ice was applied at 6 P.M., and at 8 P.M. it had lessened somewhat.

June 7th.—Digital compression was tried, but could not be borne. Slept three hours last night. Complains of numbness of left leg, and hot-water tins were placed around it. Measurement round left thigh over tumour, 22 inches. At 8 P.M. complained of numbness of limb. Stop ice. Temperature in flexure of left knee, 97·4° F.; right ditto, 96°. Ordered one ounce of castor oil, as bowels were confined.

8th.—Tumour measures 6 in. (transversely) by 4 in. (vertically); left thigh around tumour, 23½ in.; measurement round upper right thigh, 20 in. There has been an increase of one inch in a transverse direction. No numbness in thigh; slept well; bowels have acted freely. Temperature in left flexure of knee, 95·2°; right ditto, 95·4°. Ordered the following mixture:—Tannic acid, two drachms; tincture of digitalis, half a drachm; to eight ounces of water; one ounce every hour. Pulsation in tumour, strong distensile, 89. The thigh was flexed on the abdomen, and bandaged in that position for about four hours, when the limb was straightened, patient complaining of the constrained position. At 4.5 limb again flexed on abdomen, till 8.30, when numbness and pain shooting down inside of thigh, with heat of parts coming on, it was stopped. Temperature of right flexure of knee, 97·2°; left ditto, 98·1°. Bowels moved twice to-day.

9th.—Slept well; pulse 80; tumour measures 3¼ in. vertically, 6 in. transversely; temperature of right flexure of knee, 96·3°, left ditto, 97·3°; pulsation quieter; complains of numbness down the centre of the thigh; temperature near tumour, 98°. By means of a tourniquet kept in position by relays of nurses, pressure was kept up for three hours and a half, the circulation through tumour being lessened considerably. It was again applied from 9 till 10 P.M.

10th.—Slept from 9 till 2 A.M. Temperature of right leg 98·1°; of left, 96·4°. Tumour measures 6½ in. transversely, 4¼ in. vertically. Measurement around thigh 26 in. Pulsation in tumour 90. Pulsation can be felt in both tibials to-day for the first time; there is a slight difference in the pulsations. Surface of skin over tumour slightly discoloured and finely rugated. Bruit heard over whole surface. Tumour more compressible than it was. At intervals pressure was kept up, as during yesterday. At 4.15 Carte's tourniquet was placed in position and the pad screwed down till pulsation or bruit could not be detected in the tumour. It had to be removed on account of faintness and palpitation of heart, which attacked the patient shortly after its application. Great distress continued for the rest of the day. A morphia draught was given at night.

11th.—Has passed a good night. The tumour has increased in size, measuring 6½ in. transversely and 4¼ in. vertically. The skin covering it is livid and discoloured, and corrugated. To the touch it is softer at its most prominent part. The pulsation has increased in strength. Temperature of right flexure of knee, 96·4°; of left ditto, 98·1°. Pulsation apparent in posterior tibial artery of right side. Bruit loud all over the tumour; most distinct internally. At 9 A.M. patient was given a dose of castor oil. At 10 o'clock, as the bowels had not acted, a simple enema was administered, a small quantity of fæces coming away.

A consultation was held with the medical officers of the ship, Dr. Jennings of the Halifax Civil Hospital, and Dr. Douglas, Army Medical Staff; and it was decided to tie the external iliac, or, if impracticable, the common iliac artery.

Operation.—Chloroform was administered, and at 12.15, patient being well under its influence, I made an incision five inches in length, extending from a little inside and two fingers' breadth above Poupart's ligament, at its centre, upwards and outwards, to within three fingers' breadth of

the crest of the ilium; and the skin, superficial fascia, external oblique, internal oblique, and transversalis muscles having been divided, the transversalis fascia was exposed, and carefully divided on a director to the full extent of the external wound; the peritoneum was then loosened from the surrounding cellular tissue and drawn up towards the mesial line of the abdomen, and the sheath of the vessels exposed. This having been worked through gently, the ligature (a twisted hempen one) was passed from within outwards, and tied, pulsation at once ceasing in the sac and in the vessel beneath it. Four small vessels required ligature during the operation. The parts through which the incisions were made were found greatly congested from pressure, but the artery appeared to be healthy. The wound was sponged with carbolic-acid lotion, and its edges brought together by seven points of interrupted suture (silver wire); carbolic dressing was then applied with a slight compress and bandage. The whole of the left limb was then enveloped in cotton wool with a flannel bandage and surrounded by warm-water tins. Pulse 92. No change in tumour. At 1.30 one drachm of solution of morphia was given, and again at 3. At 4 o'clock he complained of numbness of the left leg. Pulse 94. Slept for two hours towards evening. He was ordered one grain of opium pill every fourth hour. Pulse 100. At 10 P.M. comfortable; no pain; leg warm; pulse 100; passed urine. At 11 P.M. was sleeping.

June 12th.—9.30 A.M.: Passed a good night; pulse 95; temperature in axilla 101·4°; thirsty; restless. Abdomen distended and tympanitic. Slight oozing from wound, staining bandages. Complains of numbness of left foot; and on examination this is found to be very cold. Tins of hot water renewed. To continue the opium pill. Has taken nothing but a little milk-and-water since the operation.—12 A.M.: Sleeping.—1 P.M.: Has passed water; no pain; pulse full, 102.—5 P.M.: Pulse 124; temperature 101·4°; respiration 24. Temperature of left leg (hot-water bottles in vicinity) 96·4°.—6 P.M.: Pulse 130, small, soft, and compressible; temperature 102·4°; restless; tongue white, parched; great thirst; eyes bright, suffused; skin dry and rough. When seen at night he was perspiring a little. Had passed urine involuntarily at times in bed during the day; but before visit had passed a vesselful without difficulty. Complains greatly of flatulence.

13th.—Did not sleep last night. Pulse 124, soft, small, compressible; tongue white and parched; restless, throwing off clothes. Suffers greatly from tympanites. Temperature in axilla 99·2°; in vicinity of tumour 100·1°. Tumour measures 5·2 in. transversely, 3·4 in. vertically, and feels harder. No evidence of returning pulsation. Temperature of left leg 95·3°; of right do. 94·3°. Was ordered ice to relieve thirst, and beef-tea during the day. Abdomen distended, tympanitic, and painful on pressure. Not much discharge from wound. Tumour hard and tense. Left leg and foot warm. Has been taking opium pills during the day, but has only slept two hours since 11 o'clock last night. Ordered one drachm of solution of muriate of morphia; to be repeated if he does not sleep.

14th.—7 A.M.: Slept for two hours last night, the rest of the time dozing. Pulse 135; skin warm; left leg and toes warm. Upon removing the dressings, which were slightly stained with discharges, the wound was found looking healthy, and united for part of its extent. At its lower angle, where the ligature came through, there was a slight sanious discharge. The wound was redressed, and soiled linen removed. The abdomen continues distended and tympanitic. Got nourishment in small quantities at repeated intervals during the day, and continued taking the opium pills. Ice was also given at intervals. The bowels have not acted since the operation. The wound discharged more freely after redressing. At 9 P.M. the patient was found very restless; the pulse 142; tongue thickly furred; vomited a little during the afternoon; is slightly delirious. 11 P.M.: Sleeping.

15th.—Awoke at 8 A.M. covered with a cold clammy sweat; extremities cold; pulse 72, irregular; countenance anxious; passed urine in bed; conscious. Stimulants were at once administered, and hot-water tins renewed around extremities.—10 A.M.: Had rallied a little. Was given brandy, egg-mixture, and beef-tea at short intervals. A large piece of spongio-piline, wrung out of hot water, was kept constantly applied to the abdomen. Passed about a pint of dark-coloured turbid urine. At 12 A.M. his pulse was 150, small, soft, and compressible. Pain on pressure over the abdomen. Wandering slightly; perspiring. At 1.30 there was nausea and slight vomiting. Brandy was administered, and a draught containing half a grain of muriate of morphia.—4 P.M.: Slept a little since last visit. Gradually sinking. A marked change for the worse since last visit. Pulse rapid, fluttering; cannot be counted; talking incoherently; floccitatio.—5 P.M.: Pulse 199, fluttering; cold clammy sweat over the body. Floccitatio continues. Sighing respiration.—7.15: Sinking rapidly; rapid fluttering pulse. Stimulants continued at short intervals. Unconscious.—8.45: Expired.

Autopsy (performed twenty-four hours after death).—Rigor mortis absent; body emaciated; abdomen distended and tympanitic; scrotum dark and congested. A tumour, soft on palpation, 5·2 in. transversely, 3¼ in. vertically, is situated in left groin and Scarpa's space. About 2 in. above it is a wound 5¼ in. in length, extending outwards from the centre of Poupart's ligament, and almost united in the intervals between seven points of silver suture. Lungs healthy; old adhesions connecting lungs and pleura on both sides. About two ounces of clear yellow serum in cavity of pericardium. Heart small; flaccid; more than the normal deposit of fat in interventricular furrows; slight warty vegetations on anterior segment of mitral valve; slight roughening on anterior surface of ascending aorta; decolorised coagulum in right auricle; dark clot in pulmonary artery. The intestines were found distended with gas; a portion of the left lower edge of the omentum, four inches in extent, was congested, adherent to intestine beneath; lymph was effused on its surface. Liver, spleen, and kidneys healthy. A piece of the lower part of the ileum, six inches long, was intensely congested; the cæcum below it contained an accumulation of hardened fæces; about four inches of the colon at the sigmoid flexure was also found congested, the rectum below containing some hardened fæces. Gall bladder distended with bile, dark externally. The intestines were removed; the surgical wound in abdominal walls was found united superficially almost throughout the whole extent. More deeply, however, such was not the case, the muscles, &c., in the line of incision being congested and disorganised. Pus, green in colour, extended upwards for some distance on abdominal walls, between planes of muscles. Upon raising the peritoneal sac from the iliac fossa, diffuse cellular inflammation was found extending upwards as far as left kidney. The pus in the iliac fossa was of a pink tinge. The surgical wound was two inches above and parallel to Poupart's ligament. Upon removing the integument and superficial fascia from the front of the left thigh, the aneurismal tumour, tightly bound down by the sartorius muscle and the fascia lata, was discovered. Upon cutting across the former the tumour assumed a more conical shape. Its most prominent part was found greatly thinned, the same condition existing externally. It was with difficulty dissected out of its bed in the psoas, iliacus, and pectineus muscles, a considerable portion of these, together with a part of the capsular ligament of the hip joint, having to be removed on account of their connexion with the tumour. Some doubt existed as to whether a depression observed on the head of the femur, below the acetabulum, was not due to pressure of the tumour, but on account of the history of the short duration of the disease, it was decided not. A few nerves were found stretched across its surface. The aneurism was formed on the external side of the femoral artery, from which it extended outwards, probably due to rupture of its internal and middle coats—its external coat, together with the sheath of the vessels, which was found greatly thickened, forming the coverings. The measurements were 3¼ in. vertically and horizontally, 9 in. round greatest circumference. Its contents were fluid, a considerable portion of them (dark blood) having escaped by accidental rupture. The ligature was found firmly applied on the external iliac artery, two inches above the tumour, and two inches below the origin of the internal iliac artery. The femoral artery was involved for an inch and a half in the formation of the tumour; it appeared healthy. The femoral vein was found adherent, especially at the centre; above this its coats were thinned and dilated; below, greatly thickened (six lines). A quarter of an inch below the emergence of the femoral artery from the tumour two arteries were given off—the profunda femoris, hard and nodulated to the touch, and the external circumflex ilii.

The walls of the tumour were excessively thinned throughout, more particularly above and externally. The muscles in immediate contact were softened and disorganised.

Remarks.—The cause of the fatal termination in this case was diffuse cellular inflammation. Owing to the large size of the tumour, the parts around were subjected to considerable pressure, causing congestion &c., and were unable to regain their vitality after the operation.

NOTE ON

THE TREATMENT OF SCARLET FEVER BY THE EXTERNAL APPLICATION OF COLD WATER.

WITH TWO CASES.

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(*The Cases reported by* DR. STELL, *Resident Medical Officer at the Fever Hospital.*)

(*Concluded from page* 341.)

CASE 1.—S. F——, aged eight, was admitted into the Leeds Fever Hospital on the morning of the 13th of May, 1875, being the third day of illness. On admission, the following notes were made:—"Face congested and of a dusky hue. A nearly uniform blush of redness is observable over the upper part of the chest anteriorly, and upon the hands there is a faint but characteristic scarlatinal rash; elsewhere there is no rash. Temperature in the axilla 104·2° F. The skin is dry, and feels extremely hot; tongue thickly furred, red at the tip and margin; fauces and tonsils much congested and swollen; diffuse, partly œdematous, swelling at the angles of the jaw, accompanied by pain and tenderness. Over the lungs, posteriorly and inferiorly, a few coarse bronchitic rhonchi; elsewhere a vesicular murmur. Respiration 24 per minute; action of heart excited; pulse 144; heart-sounds clear. Patient is very drowsy, and her breathing heavy. Urine contains no albumen; sp. gr. 1020." She was ordered a tepid pack, two sheets, each applied for ten minutes. When taken out the temperature had fallen to 101·8°. This was at noon. At 1 P.M. it had again risen, and reached 105·3°. Another pack was immediately ordered, cold instead of tepid water being used. After thirty minutes, three sheets having been applied one after another, her temperature had again fallen, this time to 100°. A fourth and fifth sheet were applied however, but, on her being placed in the latter, slight shivering with chattering of the teeth supervened; when taken out and dried the temperature was found to have risen to 102°. The patient was now slightly delirious, and still very drowsy. At 5 P.M. the temperature was 105°; pulse 144, and weak. Powerful grinding movements of the lower jaw have supervened. She was now placed in a tepid bath, the water of which was gradually cooled down. During the bath she appeared more sensible, but the grinding movements of the jaw continued. Temperature, when taken out, 99°. She was kept in thirty minutes. The pulse was scarcely perceptible; but this seemed due chiefly to a local contraction of the arterial coats, as the action of the heart was ascertained by palpation and auscultation to be still vigorous. At 7 P.M. the temperature was 101·6°; at 7.30, 103°; at 8, 103·2°. A patch of deep-coloured rash was now observable on and above the elbows. At 10 P.M. the rash was well out on the arms and forearms. It was of a deep colour, and coarsely mottled in aspect. The patient was very drowsy, and slept with the eyelids open. Pupils normal; temperature 105°. At 11 P.M. she was again placed in a tepid bath, which was cooled down as before. During this bath the rash upon the arms became intense. The patient talked rationally while immersed, but occasionally rambled. Grinding movements of the jaw reappeared. She was kept immersed for forty-five minutes, and when taken out was much less drowsy, while her temperature had fallen to 95·6°. Half an hour after the bath it had risen one degree. The treatment adopted, besides bathing, consisted in the application of cold compresses to the throat, 3 OZ. of wine in the twenty-four hours, and nourishment in the form of strong beef-tea and milk. The throat was also sponged with Condy's fluid.

May 14th (fourth day of disease). — Temperature during the night: 1 A.M., 101°; 2, 103·2°; 3, 104·2°; 4, 104·2°; 5, 104·6°; 6, 103·4°; 7, 104·2°; 8, 103·8°; 9, 103·6°; 10, 104·6°. Pulse 148. After last night's bath she slept quietly for three hours, and then woke up asking for a drink. This morning she continues very drowsy, her breathing heavy and snoring. Rash well out on the arms, but not so brilliant as during the bath. Taking nourishment well. Tongue red and characteristic of the disease. Passing urine in bed. Bowels open. — 2.30 P.M.: Rash brilliant on arms; well out on legs and thighs. Temperature has stood persistently at a few points above 104°. — 4.30 P.M.: Temperature 104·4°. Placed in the bath again. The temperature in ten minutes had fallen to 101°, in twenty minutes to 99·6°, and in thirty-five minutes to 95·5°, when she was taken out. — At 5.30 P.M. the temperature was 96°, and at 6.30, 101·6°. — 7 P.M.: Pulse 136; sleeping quietly. During the last bath she was quite conscious and talked a good deal.—10 30 P.M.: Rash intense on arms; over the trunk a distinct mottling. Temperature 104·4°. Placed in bath; kept in fifty minutes. Temperature when taken out 96·2°.

15th (fifth day of disease). — Temperature during the night: at 12.45 A.M., 101·4°; 1.30, 102·2°; 2.30, 104°. At 2 30 she was placed in a wet pack, and the temperature at 3 A.M. had fallen to 101°.* At 4 A.M. it had risen to 103·4°. At 6 she was again placed in a pack, the temperature at 6.30 having again fallen to 101°. Pack continued, sheets changed every ten minutes, and cold water used. At 7 the temperature was 102·2°; and at 8 it was 102·8°, in spite of pack. She was then taken out. Temperature at 9 A.M., 103·2°; at 10, 103·8°. Rash universal; intense on extremities, resembling erysipelas. Tongue red, and as yesterday. Bowels open twice. Pulse 144. Patient is more intelligent and much less drowsy. At 11 A.M. the temperature was 104°, and at 12 noon 105°. The patient was again ordered a cold wet pack, which proved unsuccessful at first; but by placing her, wrapped in a sheet, in an empty bath, and sponging her with cold water, the temperature was at last reduced to 98·4° (at 2 P.M.) At 3 P.M. the temperature was 98·4° and the pulse 128, the heart-sounds being clear and its action less tumultuous. At 3.30 the temperature was 99°, at 4.30 it was 102·4°, and at 5 45 P.M. 103·4°. In ten minutes after being placed in a bath the temperature fell to 98°; she was kept in, however, for five-and-twenty minutes. At 7.30 the temperature had risen to 100·4°, and at 10.30 to 103·6°. At 10.45 the patient was delirious, talking of school, &c. Temperature 104°. Drowsy again. Pulse 144. Breathing heavy; respiration 26 per minute. The patient was placed in a bath, with the water at 90° cooled down to 68°. She was kept in forty-three minutes. During the bath the pulse was 128 and the respiration 26. Mind quite clear after the bath. The thermometer could not be got to register higher than 95° in the axilla.

16th.—Temperature at 1 A.M. 99·8°; at 4, 103·2°. On being placed in a bath, the temperature was reduced in fifteen minutes to 101·4°, in thirty minutes to 96·4°, and in forty-five minutes to 96·2°, when she was taken out. At 6 A.M. the temperature was 98°; at 10, 102·6°. Was sick in the last bath. Patient usually drinks freely of milk or beef-tea before entering and during the bath. Respiration 28 per minute; pulse 144; tongue dry and glazed; bowels not moved; passes urine in bed; takes food pretty well; breath fetid. At 12.30 P.M. the temperature was 103·4°. In ten minutes after being placed in the bath the temperature had fallen to 99·8°, and in thirty minutes to 95·2°, when she was taken out. At 5.20 P.M. the temperature was 103°. She was placed in the bath at 6 P.M., and in ten minutes the temperature had fallen to 98·4°, and in thirty minutes to 95·2°, when she was taken out. At 7 P.M. the pulse was 96 (taken with the stethoscope also). The temperature at 10.15 was 101·8°.

17th (seventh day of disease).—Temperature at midnight, 102°; 1 A.M., 102·6°; 2, 102·2°; 3, ditto; 4, 102°; 5, 102·2°; 6, ditto; 7, 101·8°; 8, 102°; 9, 101·4°; 10, 101°. Tongue moist, but clammy; bowels moved thrice; breath very fetid; fauces still congested; tonsils enlarged, white pultaceous

* Duration of pack not noted.

matter on left one; glands at the angles of the jaw swollen, but not painful; pulse 128. Throat sponged with Condy's fluid. Temperature at 11 A.M., 102°; 12, 101·8°; 1 P.M., 102°; 2, 102·2°; 3, 102°; 4, 102·6°; 5, 103·3°; 6, 103·6°. Placed in bath at 6.30. In ten minutes the temperature was 98·4°; in twenty-five minutes 95°. Taken out. At 8 P.M., temperature 99°; rash less brilliant.

18th.—Temperature at 1 A.M., 102·2°; 2, 103°. At 2.20 placed in bath; temperature reduced in ten minutes to 101°; kept in thirty minutes; when taken out the temperature was 96°; at 3.30 A.M., 98°; 4, 99°; 5, 100·6°; 7, 102°; 10, 102·2°. Pulse 136; tongue dry and glazed; bowels moved twice; desquamation beginning on face. At 12 noon, temperature 102·4°; 2 P.M., 102·8; at 3.55, put in bath, water at 70° F. In ten minutes, temperature 98·4°; in twenty minutes, 98°. At 5 P.M., temperature 98°; pulse 130; respiration 22. The duration of this bath unfortunately was not noted, but it probably was only twenty minutes. Tongue quite moist afterwards. At 6 P.M., temperature 100°; 7 A.M., 101°; 8, 102·6°; pulse 140; heart's impulse feebler.

19th.—12 midnight: temperature 103°; pulse 144. At 12.15 A.M., placed in bath; at 1 A.M., temperature 96° (duration of bath again omitted). When taken out, pulse 94; respiration 32; tongue, which had become dry, again moist. Temperature at 2 A.M., 97·2°; 3, 101°; 4, 101°; 5, 102°; 6, 101·2°; 7, 101°; 8, 101°; 9, 102°; 10, 102·4°. Pulse 124; tongue still dry and glazed.—3.15 P.M.: Temperature 103°; pulse 132.—4.35 P.M.: Placed in bath. In fifteen minutes temperature reduced to 98·4°. Taken out at 5.30 P.M. Pulse 104.—At 7.50 P.M., temperature 101·6°; 8.40, pulse 132; 10, temperature 102°; 11, 102·4° 12, 101° (?).

20th.—Temperature at 1 A.M., 102°; 2 and 3, ditto; 4, 101·4°; 5, 102·2°; 6, 102°; 7, 101°; 8, 101·2°; 9, 101·4°; 10, ditto. Pulse 124; tongue not quite so dry; bowels acted twice; desquamation progressing.—At 2 P.M., temperature 102·2°; 3 P.M., 102·4°. Pulse 132. At 5 P.M., temperature 102·6°. Bath at 5.30 P.M. In ten minutes temperature down to 100°; in twenty minutes, 98·4°. Kept in twenty-five minutes. At 7 P.M., temperature 100·2°; 9, 101·6°. A clear, healthy, vesicular murmur over the lungs; heart sounds normal. At 11.30 P.M. the temperature had again risen, reaching 103°. Placed in bath for thirty-five minutes. Temperature reduced to 95°. Drank brandy-and-milk after coming out. Pulse 88, shows a tendency to intermission; tongue moist.

21st.—Temperature at 2 A.M., 99°; 3, 99·6°; 4, 100·2°; 5, 102°; 6, 100·4° (?); 7, 101·8°; 8, 102°; 10, 102·6°. Pulse 120; tongue moist; says she feels better; bowels acted twice.—Temperature at 1 P.M., 101·8°; 2.30, 101·6°; at 3, pulse 120; 8.30 P.M., pulse 124; temperature 101·4°; 11 P.M., sleeping quietly; pulse 112; respiration 28; temperature 101·4°; 12, ditto.

22nd (twelfth day of disease).—Temperature at 1 A.M., 101·2°; 2, 101·4°; 3, ditto; 5 and 6, ditto; 7, 101·2°; 8, ditto; 9, 101·4°. Pulse 120, better in strength. Tongue moist; copious desquamation. Temperature at 12 noon, 101·6°; 1.30, 101·2°; 3, ditto; 4, 101°; 5 and 6, 101·6°; 7, 101·8°; 8, 102°. Pulse 120. At midnight sleeping quietly; pulse 108.

23rd.—Temperature during the night: 1 A.M., 100·6°; 2, ditto; 4, 100·2°; 7.30, 100°. At 10 A.M., 100°; pulse 112; tongue clean. Temperature at 8.30 P.M., 102·6°; pulse 120; temperature at 11.45, 102°.

24th.—Temperature at 1 A.M., 101·2°; 2, ditto; 3, 101°; 4, 100·2°; 5, 100·1°; 6, 99°; 7, 99·4°; 8.30, 99·8°. Pulse 108; tongue clean; bowels acted once; no albumen in urine. Temperature at 3 P.M., 100°; 5, 101·6°; 8.30, 102°; pulse 116. At 10.20 P.M. was put in tepid bath; kept in forty minutes; in the first ten minutes the temperature fell to 99·8°, in the second to 99°, and in the third to 98·2°. Temperature at 12 midnight, 99°; pulse 98; sleeping quietly.

25th.—Temperature during the night: 1 A.M., 100°; 2, 100·2°; 3, ditto; 4, 100·4°; 5 and 6, ditto; 7, 100°; 8, 99·6°; 10 A.M., 100°. Pulse 112; bowels moved once; urine contains no albumen. Temperature at 1 P.M., 101·4°; 2, 100·6°; 3, 100°; 4, ditto; 5, 101°; 6, 101°. Temperature at 10.25, 100·4°; pulse 108.

26th.—Temperature at 1 A.M., 100°; 2, ditto; 3, 99°; 4, ditto; 5, 99·4°; 6, 99·2°; 7, 99°; 8, 99·8°; ditto till 10 A.M. Pulse 100. Temperature at 11 and 12, 99·8°; 1, 99·9°; 2, 100·2°; 5, ditto; 6 and 7, ditto; 8, 100·4°; 10.30, 100·2°; 11.30, 101°.

27th (seventeenth day of disease).—Temperature during the night: 1.30 A.M., 100·4°; 2.30, 100·2°; 4, 99·2°; 5, do.; 6, 99·4°; 7, 98·4°; 8, do.; 9, 98·6°; tongue clean; much better in every way. At noon, temperature 99·2°; 2 P.M., 99·4°; 3, 99·6°; 4, 100°; 5, 100·1°; 6, 100·4°; 7, do.; 8, 100·5°; 11.20, 100°.

28th.—Temperature at 2 A.M., 99·8°; 5, 99·2°; 8, 98·6°; 10, 98°; 12 noon, 98·6°; 2 P.M., 99°; 4, 99·4°; 6, 99·6°; 8, 99·2°; 12 midnight, 99·2°.

29th.—Temperature at 4 A.M., 99·2°; 6, do.; 9, 98·4°; 10, do.; 12, 98·6°; 3 P.M., 99°; 6, 99·2°; 10, 99·4°.

30th.—Temperature at 3.30 A.M., 98°; 5, 98·6°; 10.30, 97·8°; 3.30 P.M., 98°; 6, 98·4°; 8, do.

31st.—Temperature at 5 A.M., 98°; 5, 98·2°; 3 P.M., 98°; 8, 99·2°.

June 1st.—Temperature keeps normal; pulse 96.

4th.—Urine normal; no pyrexia.

8th.—Trifling pyrexia has existed for last few nights; 99·8° highest temperature. Slight painful enlargement of the lymphatics at the angles of the jaw is the probable cause.

10th.—Enlarged glands diminishing and have ceased to be painful. Temperature normal; pulse 88 to 96.

14th.—Patient up and well.

17th.—To have fish to dinner; hitherto during convalescence she has had exclusively milk diet. Alcohol was withdrawn as soon as the symptoms of prostration during the worst of the disease had abated. Throughout her illness the ward was kept freely ventilated and the windows frequently open. The urine has been repeatedly examined for albumen, but always with a negative result.

28th.—Dismissed well.

CASE 2.—M. A. F——, aged four, sister to the foregoing patient, was admitted to the Leeds Fever Hospital on the 16th of May, 1875, on the third day of illness. The following notes were made on admission:—"An intense scarlatinal rash covers the whole body. It is of good colour, and in all respects a typical rash. Tongue clean, red, moist, and roughened from enlargement of the papillæ. The fauces and tonsils are considerably congested, but not much swollen. There is some swelling of the lymphatics at the left angle of the jaw. The heart-sounds loud and clear, its action excited; pulse 144; breath-sounds harsh, approaching to the production of rhonchus. Temperature 101·2°; skin feels comparatively cool." The temperature was taken shortly after a warm bath which the patient had on admission, and this no doubt was the cause of the lowered temperature. We have repeatedly had opportunity of making this observation in various febrile diseases, and no temperature taken shortly after a bath is to be considered reliable for diagnostic purposes. No danger of hyperpyrexia seemed threatening, and the temperature was not taken again till the evening, when it was found to have reached 105·3°, while the pulse was 152, so quick as scarcely to be counted. A bath was immediately ordered, the water at first tepid, and to be cooled down subsequently. Placed in bath at 8.30 P.M. In twenty minutes 104°; after thirty minutes' immersion, 101°; in fifty minutes, 98·4°; in sixty minutes, 95·6°. After bath: Pulse 120, intermits occasionally, alters in rate, counted again at 108. Rash livid; some bronchitic sounds over chest. Heart-sounds loud and clear. At 10.45 P.M. the temperature was 98·2°; respiration 24; pulse 136. At 12 midnight the temperature was 100°. Diet to consist of milk only; no medicine or wine; bowels moved twice.

May 17th (fourth day of disease).—Temperature during the night: 1 A.M., 100·6°; 2, 101·2°; 3, 102·4°; 4, 103·2°; 5, 104·2°; 6, 103·2°; 7, 102·4°; 8, 101·8°; 9, 102·5°; 10, 102·4°; 11, 102·8°; 12 noon, 102·6°; 1 P.M., 102·8°. Tongue as yesterday. Bronchitic sounds have entirely disappeared. Pulse 136. At 2.20 P.M. the temperature reached 103·2°. Placed in a bath again, temperature above 70°. In ten minutes it had fallen to 100°; in twenty minutes to 98·4°. When taken out, after forty minutes' immersion, the temperature was 95°. Temperature at 4 P.M., 100°; 5, 100·4°; 6, 100·4°; 7, 100·8°; 12 midnight, 101·5°. Pulse 136. No albumen in urine. Bowels moved once.

18th.—Temperature during the night: 1 A.M., 101·4°; 2, 101·4°; 3, 102°; 4, 101°; 5, 101°; 6, 100·6°; 7, 100·4°; 8, 99°; 9, 99·8°; 10, 100·4°. Pulse 132. Tongue clean and moist. Temperature 12 noon, 100·4°; 7.30 P.M., 102°. Pulse 124.

19th.—Temperature at 2 A.M., 100°; 3, 98°. Evening, 99·2°; pulse 104.

20th.—Sitting up in bed; desquamation on face; rash fading rapidly. Morning temperature, 98·2°; evening, 98·2°. Pulse 108–104. Bowels freely moved.

21st.—Temperature quite normal. Pulse 96.

23rd.—Pulse 84 to 76, somewhat irregular. Temperature quite normal since last report. Cuticle separating in large flakes from hands, &c.

25th.—Playing with toys, and apparently quite well.

27th.—Doubtful trace of albumen in urine.

28th.—No albumen in urine.

31st.—No albumen in urine.

June 3rd.—No albumen in urine.

4th.—Up and well. Milk diet has been continued throughout.

28th.—Dismissed well. Up to to-day the urine has been repeatedly examined for albumen with a negative result.

Leeds.

NOTES OF AN

EXAMINATION OF CAPTAIN WEBB.

BY HENRY SMITH, F.R.C.S.,

SURGEON TO KING'S COLLEGE HOSPITAL.

HAVING had the opportunity of seeing Captain Webb, in the absence of Sir William Fergusson from London, I have made a few notes and observations, the result of the examination of a man who has rendered himself an object of interest to the whole world in general, but in an especial manner to the members of our profession, who are in a better position than any other class of the community to appreciate the wonderful powers of endurance which Captain Webb evinced in the performance of his late most marvellous and unheard-of exploit. I am sorry I had not time to make a more minute examination, and institute some inquiries on other points of interest; but I thought perhaps these few details and observations, imperfect as they are, may be of some interest to the readers of THE LANCET.

As Captain Webb, who is 5 ft. 8 in. in height, and weighs 14 stone and a half, stood before me stripped to the waist, I could not fail being struck with the splendid form and symmetry of his chest, neck, and arms, and I was somewhat astonished to find him with such good flesh and so little angularity, as it were, about him. I expected, after such hard training and such severe exertion, that the muscles would stand out in relief and be well marked, as one has seen in prize-fighters and other athletes; but, on the contrary, there was a considerable development of other tissue besides that of muscle. On putting him into various attitudes, however, and making him exert particular muscles, their fine development and power were at once noticeable. The triceps especially, as one would expect, is extraordinarily developed. The scapular muscles and those of the neck are also especially remarkable. I measured his chest, whilst he was standing with his arms held above his head, at two points: first on a level with his nipples, and found that he measured in that situation forty-one inches and a half; around the waist, three inches above the umbilicus, the circumference was thirty-five inches and a half. The arm in circumference, three inches above the elbow, was thirteen inches and a half. The forearm two inches below the elbow measured eleven inches and a quarter. The circumference of the neck on a level with the thyroid cartilage was over fifteen inches.

On examination with the stethoscope I was astonished at the extraordinary volume of air entering the lungs at each inspiration. The sounds of the heart were remarkably clear and healthy.

On questioning him minutely about some points connected with his remarkable feat, Captain Webb gave me some interesting answers. In the first place he very modestly informed me, on my putting to him the question as to whether he could have held together for another mile, that he certainly could not have done so in the state the sea was in at the time. To my question as to whether he felt cold at any time whilst he was in the water, he answered decidedly, No. This, I think, is a point of special interest, for with ordinary persons who have remained in the water for a long time swimming we know that the sensation of cold comes on before that of weariness and exhaustion, and warns the swimmer to get on to his native element. A striking illustration of this fact occurred to my observation only last week in a young gentleman who, wishing to emulate Captain Webb's feat in a small degree, swam an immense distance in the sea by the side of a boat. He informed me that he was prompted to give up because he felt chilly, not because he was tired.

To my question about the porpoise grease with which his body was anointed, Captain Webb informed me that he did not know that it helped him at all—in fact, that he rather thought he did not derive any benefit from its use. However, of course this point could only be settled by the direct experience of a swimmer performing a feat under exactly similar conditions both with and without the oil.

On putting the question as to whether he suffered from any difficulty in breathing during his passage, he said, "Not at all, with the exception of that produced now and then by the mechanical force of the waves dashing against my mouth and nose"; to avoid this he had to keep his head well back, and hence the two transverse semicurved lines of abrasion, about four inches long and two inches apart, which were plainly noticeable on my examination.

Wimpole-street.

AN INFECTIOUS FORM OF PNEUMONIA.

BY A. WYNTER BLYTH, M.R.C.S., F.C.S.,

FELL. ROY. MIST SOC., ANALYST TO COUNTY OF DEVON, MEDICAL OFFICER OF HEALTH TO THE NORTH DEVON COMBINED DISTRICT, ETC.

IN medical literature there are a few scattered facts and hesitating assertions with regard to an infectious form of pneumonia, or, at all events, one that assumes an epidemic aspect. Thus Dr. Parkes says:—"Considering that the pleuro-pneumonia of cattle is propagated through the pus- and epithelium-cells of the sputa passing into the air-cells of the cattle, that even in man there *is evidence of a pneumonia or phthisical disease being contagious*, the floating of these cells in the air is worthy of all attention."*

Greisinger also has observed that in malarious districts pneumonia is apt to assume an epidemic form,† and Dr. Aitken remarks that it is a disease of general and universal prevalence, *and sometimes appears as if it were epidemic.*‡ When I first came into the North of Devon, Dr. Christian Budd, of North Tawton, called my attention to a form of pneumonia which he asserted was infectious—an opinion which he formed no less than twenty years ago,—and he related many striking instances in support of his assertion. For example, he attended a farmer at Bow who was affected with acute pneumonia, and was nursed during his illness by his niece. His niece became affected with the same disease, and carried it to her husband. In another case, an old man affected with pneumonia reposed on an affectionate relative's breast during a great part of his fatal illness. The relative was very shortly afterwards affected with the same ailment. Dr. C. Budd appears to have been hitherto entirely alone in this belief of the general infectious character of pneumonia; the medical men practising in the same district did not, I believe, put the same interpretation on the striking facts before their eyes, and that gentleman has never published in any form the results of his large experience, which is greatly to be regretted.

During the present year there has, however, been so intense an epidemic of pneumonia in the district that I am connected with, and its infectious character so impressed the medical men that some of them indeed regarded it as a new disease—a sort of new plague. For example, a practitioner of considerable experience, who must have seen hundreds of cases of pneumonia, writes to me thus:—

"The disease alluded to in your letter and annual report has puzzled me much. It is unquestionably a pleuro-

* Manual of Hygiene, p. 97. † Infectious Krankheiten.
‡ Dr. Aitken's Practice of Medicine.

pneumonia, which creeps on insidiously first through one day, then the other. At the commencement of the first attack rigors and severe pain in the head, back, and legs, with, in some of the cases, persistent diarrhœa and great cerebral disturbance, have been unfailing symptoms." He then gives a list of cases, which, suppressing names, is as follows:—A man became ill of pneumonia in April, and died after ten days' illness. His wife caught the disease, her first symptoms appearing three days after his death. About the same date a farmer's daughter, living a mile from the house of the former patient, became ill of pneumonia, and five other cases followed, all in the same parish, consisting of a small village and a few scattered houses (population 470). "Since November," continues the writer, "I have had I should think twenty cases. A farmer in another parish became ill on April 16th. I was sent for on April 18th, and he died about midnight. The servant woman went home ill of the same disease about a week afterwards, and gave it to her married sister with whom she was staying."

This short letter then is fair evidence both of its epidemic and infectious character, and the evidence is further strengthened by other considerations, one of which is the extreme inequality of the deaths from pneumonia in the five rural districts as given below:—

Table showing the comparative frequency of Pneumonia as shown by the Deaths in the five Unions in 1874.

	Actual deaths from Pneumonia.	Proportion of deaths from Pneum. per 1000 deaths from all causes.
South Molton ...	20	... 84
Okehampton ...	14	... 48
Torrington ...	5	... 24
Bideford ...	3	... 22
Dulverton ...	1	... 14

It should be remembered that these figures do not refer to the boroughs; they exclusively belong to the rural districts; the only one entirely different from the rest in geological features being the Dulverton district, which is in Somersetshire, and belongs to a different watershed.

The great increase of deaths from pneumonia this year may be gathered from the following table.

Table showing the actual Deaths and comparative frequency of Pneumonia during the half-year Jan. 1—June 31, 1875.

	Actual deaths from Pneumonia.	Proportion of deaths from Pneum. per 1000 deaths from all causes.
South Molton ...	15	... 126
Okehampton ...	20	... 98
Torrington ...	15	... 111
Bideford ...	4	... 71
Dulverton ...	9	... 144

I do not wish to argue that each of these cases which have been returned as pneumonia was infectious; in all probability there are two common kinds of pneumonia, one possibly arising from cold or the like cause, the other zymotic; and these two forms are at the present time confused together, just as *typhus* and *typhoid* fevers were formerly distinguished by a common appellation. It is a noticeable fact that Grisolle asserted a discoverable cause (that is, in the nature of a chill) could only be affirmed in one-fourth of his cases, Ziemssen in one-tenth of his, and Dr. Wilson Fox could only trace any connexion between exposure to cold and the diseases in 16 out of 53 cases. A consideration of these facts, and also one or two isolated instances of pneumonia occurring in fœtal life,* has so far influenced medical opinion that ordinary pneumonia is, I believe, by the majority, considered as a blood disease, which the remarkable fall of temperature after the effusion has been poured into the lung, the frequent occurrence of albumen in the urine, and its whole course, unmistakably point to. Once considered as a blood disease, it is but a step to the idea of infection; but this idea of infection has hitherto been too hastily thrust aside, in a great measure from the frequency of a pneumonia as a complication of blood disorders. For example, it has been noticed in scarlatina, typhus, typhoid and rheumatic fevers, glanders, farcy, septicæmia, and erysipelas, and an inflammation of the lung is not uncommon in kidney diseases when the blood is loaded with effete products. In thus allowing that inflammations of the lung may be produced by a variety of causes, this admission in no single degree negatives the idea of a specific lung disease, in which the seat of election to which the poison determines is the air-cells; so that just as scarlet fever determines to the skin, typhoid fever to the bowel, hydrophobia to the spinal cord, the pneumonic germ culminates in the pulmonary tissues. Besides, there is an infectious pleuro-pneumonia in cattle, and just as we have a small-pox and sheep have a small-pox, and just as we have a scarlet fever and horses have a scarlet fever (strangles), and as we have a typhoid fever and animals have a typhoid fever, all of these not identical, all of these probably not communicable from one species to the other, but strictly analogous; so if it be established that man is affected with an infectious pleuro-pneumonia, it will only add another link in the mighty chain of evidence of the intimate connexion of the animal and human organisms.

With the powerful aids to clinical research of the present day, surely it is not too much to hope that the separation and identification of this form of pneumonia are not impossible. That such a form exists, *infectious, zymotic, self-propagating*, I feel in my own mind convinced.

Barnstaple.

* F. Weber, Path. Anat. des Neugeb. und Säuglunge.

A CASE OF

RUPTURE OF THE RIGHT MEMBRANA TYMPANI DURING AN ATTACK OF VOMITING.*

BY H. BENDELACK HEWETSON, M.R.C.S.

MR. G. T——, aged forty-eight, consulted me in February last on account of deafness of the right ear attended by considerable and very persistent noises in the head. On inquiry I found that in the early part of November of the previous year he had suffered from a severe attack of retching and bilious vomiting. This having ceased, he discovered himself to be deaf of his right ear, which previous to the attack had been quite good. On his first finding that the ear was deaf he attempted to hear his own watch, but failed to do so, even when it was pressed close to the ear. Thinking from the absence of pain that the deafness would prove to be temporary, he delayed obtaining any advice until Feb. 23rd, 1875. At that time there was no discharge from the ear, the external meatus was healthy, as also the tympanum appeared to be, with the exception of a dark speck on the membrane lying slightly in front of the handle of the malleus, midway between that process and the edge of the drum. Air could be heard to enter the Eustachian tube and tympanic cavity during the act of deglutition, but no air passed out of the external ear through an opening in the drum when the tympanic cavity was forcibly inflated by a closure of the mouth and nose.

I suspected, however, the existence of a rent in the drum, from the fact that a slight streak extended upwards and downwards from the spot on the membrane.

After syringing the ear with warm water, and again inflating the tympanic cavity as before, air was expelled from the ear through a perforation in the drum, accompanied by a loud hissing sound.

The speck was, then, clearly some secretion which had stopped the exit of air and also prevented the close apposition of the edges of the tear, thus interfering with their union, the white streak above and below the speck being the extremities of the wound which had cicatrised. The syringing had removed the secretion, allowing the air free exit, during which the edges of the rent could be seen to separate. The watch was only heard when pressed upon the right mastoid process, and the ordinary voice, with the left ear stopped, was not heard at all. I recommended that the ear be syringed with a warm slightly alkaline solution of bicarbonate of soda, and that drops containing sulphate of zinc, in the proportion of three grains to the ounce of water, should be used thrice daily after syringing.

On March 2nd, 1875, after eight days of the above treatment, the rent in the tympanum had entirely closed, but if much pressure of air was brought to bear upon it from within, the new cicatricial tissue bulged outwards.

* Read before the Leeds and West Riding Medico-Chirurgical Society.

On March 6th the watch was first heard when in contact with the ear, and the ordinary voice could be recognised at a distance of five feet.

A fortnight later the watch was heard at a distance of nine inches from the ear, and the voice at twenty feet. Since that time normal hearing has returned, the only remaining evidence of any previous malady being the cicatrix in the tympanum.

There are obviously several points of interest and practical value connected with this case. It seems clear that air must have been driven violently up the Eustachian tubes during vomiting, or retching, with sufficient force to rupture the right drum. The sharp concussion of air from without caused by the firing of cannon or a blow on the ear has been frequently the cause of a ruptured tympanum; but it seldom occurs that air can accidentally enter the tympanic cavity with enough force to produce such results. The case is interesting, therefore, from its rarity. The excessive deafness attendant upon rents in the tympanum, where there is no loss of substance, appears to be caused by the flaccid condition of the membrane deadening the sound, and preventing its conduction into the internal ear. A large amount of hearing remains in many cases of perforation of the tympanum apparently because the hole is so punched out as not to affect the tension of the drum in so serious a degree as would be the case if it were made flaccid from a rent.

The great power of repair in the tympanum is seen in the above case, as in many others of a like kind which have recovered without any treatment whatever. Some cases, however, do not get well without interference; and it is in those cases in which secretions collect between the lips of the rent, preventing the close approximation of the edges, that the above treatment will prove most efficacious.

Lastly, great care seems to be indicated in inflation of the cavity of the tympanum by Politzer's method in the event of Eustachian obstruction, when that condition complicates a recent rent or a healing perforation of the membrana tympani.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES ILLUSTRATIVE OF SOME OF THE DISEASES OF THE RECTUM.

(Under the care of Mr. BRYANT.)

WE this week continue the series commenced on the 4th inst. of cases illustrating some of the diseases of the rectum.

Prolapsus recti of twenty-seven years' standing due to the presence of polypus; removal of polypus; recovery. — (The following notes were taken by Mr. E. W. Deane.) Horace W——, a clerk aged forty-seven, was admitted into Job ward on the 1st of March, 1875. His family history was good, excepting that his father and sister were subject to what he called piles. He himself had tolerably good health, although when twenty years old he first noticed a pain when his bowels were open. Some seventeen years after this the pain had considerably increased, and he noticed that there was something protruding from his anus, which he used to put back. The protrusion occurred not only when he passed a motion, but also when he walked. He consulted surgeons, who treated him with lotions and medicines. His complaint was supposed to be piles, and he was advised to obtain admission to Guy's Hospital, where it was found that he had prolapsus recti. The bowel protruded for about three inches, and the rectum was very loose. Upon examination, a fibrous polypus was detected high up the bowel, which caused the prolapse. A doubled-threaded needle was passed through and tied, and the polypus was removed with a pair of scissors. A morphia suppository was placed in the rectum, and a subcutaneous injection given, after which he passed a good night. His progress towards recovery was uninterrupted. On the 16th of March a piece of protruding flesh was removed. There was slight bleeding, but he was much easier, and the following day he left the hospital nearly well.

Stricture of rectum; colotomy; convalescence.—(The following notes were taken by Mr. Chadd Johnson.) Mary Ann S——, aged thirty-six, was admitted into Lydia ward on the 12th August, 1873. Six years before she was troubled with piles, and passed her fæces with pain and difficulty. A year after she often passed blood and mucus, followed by diarrhœa; this continued, and she consulted a medical man. For nine weeks before admission she had been in great pain, but was able to pass her motions without medicine. She noticed, however, for some time, that the fæces had gradually become smaller.

On examination, the last three or four inches of the rectum were ulcerated and strictured, so that a urethral bougie (No. 10) could with difficulty be passed up the rectum.

She had been twice married. By her first husband, who was a sailor, she had one child, who died of thrush three weeks after birth; she also had two miscarriages. Her second husband was alive and healthy. She had no other children.

On August 19th colotomy was performed, the patient being put under the influence of chloroform. An oblique incision was made across the left quadratus lumborum muscle, the lumbar fascia was divided, and the descending colon caught and firmly ligatured to the edges of the wound, and then the posterior part of the colon was opened. The colon was moderately distended with fæcal matter. She had a good deal of sickness during the night, and complained of pain in her back. Pulse 106; temperature 100·2°.

Aug. 27th.—She fancied there was a well by her bedside; her appetite was better; her bowels had been opened; she passed a lot of purulent-looking water and wind per rectum, and again the next day she said she felt better, and seemed quieter.

Sept. 3rd.—The motions had passed freely by the opening; there had been no fæcal matter by rectum for two days. Pulse 116. She was ordered bark and iron.

11th.—She passed a restless night, and complained of shooting pains through the side; her head ached and she felt languid; a good deal of matter came away per anum; she was, however, better on the following day.

18th.—She had been progressing very well, and was sitting up. From this date to the day of her discharge she continued to improve. She was examined locally; there was no thickening nor ulceration, a little pus coming away occasionally. She left the hospital on the 10th Oct.

Since the patient left the hospital, the cancerous disease of the rectum has progressed, and has involved the buttock. The bowels act regularly through the artificial anus, and the woman was comparatively comfortable nearly ten months after the operation.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

CASES OF GLAUCOMA.

THE following cases, for the notes of which we are indebted to Mr. Geo. Ernest Alford, complete the series commenced at page 345.

CASE 4. *Acute glaucoma; iridectomy; cataract.*—(Under the care of Mr. Hogg.) S. S——, aged fifty-one, was admitted Feb. 4th. He said he had not been able to see light with his left eye for six weeks, and that he had had violent pains of a neuralgic character in the eye and in side of the face during that time. The pain came on suddenly, and the sight was entirely lost within a week from the time he first noticed that something was the matter with his eye. He was also very deaf, but had only been so since the eye became affected.

When admitted, there was no perception of light in the affected eye. The fundus was invisible; the pupil dilated, fixed, and of a greenish hue. He complained of violent pain in the eye and head. The tension was much increased —T + 2.

Under chloroform, Mr. Hogg did an iridectomy upwards and inwards in the usual way. Only a small piece of iris was removed. Atropine was instilled, and a pad and bandage applied to both eyes. In the evening more atropine was dropped into the eye. There was great pain in the eye for the next day or two, and the patient slept badly. He was ordered ten grains of iodide of potassium, with the bromide of potassium and bark, which subdued the pain. As he still slept badly, he was given ten grains of compound ipecacuanha powder on the 21st, and a few days afterwards, the pain having returned, one-third of a grain of acetate of morphia was injected hypodermically into the left temple with great benefit. On the 4th of March the pupil was quite clear, but the eye was still very tense and painful, so that Mr. Hogg removed a large piece of the iris upwards and outwards under chloroform. The eye bled very freely. This relieved the pain very much and lessened the tension. He went out on March 19th, still unable to see the light, but with no pain. He returned, and was readmitted on April 8th. There was a distinct cataract pressing the iris forwards. The pain had returned with increased severity, and the globe was very tense. Under chloroform Mr. Hogg removed the lens with a spoon through an incision at the upper margin of the cornea. The cataract was rather soft and much swollen. He had no more pain after the operation. The wound healed well. On April 23rd he went out, and although no vision had been recovered, he had had no return of the pain.

CASE 5. *Acute glaucoma; iridectomy; extirpation.* (Under the care of Mr. POWER.)—Thomas M——, aged forty-eight, labourer, was admitted on February 8th. The right eye had been affected only during the previous six weeks, and he had completely lost all vision in it a few days after it was first attacked. On admission he was unable to see the light with it, and had violent pain in the eye and head. Fundus invisible. To relieve the suffering, Mr. Power did an iridectomy upwards without chloroform, removing a large piece of iris. There was scarcely any bleeding at the time, but the anterior chamber was full of blood by the next morning. This was, however, soon absorbed, and by the 22nd the pupil was quite clear, and the globe no longer tense. He had very little pain after the operation. As some irritation was caused by the lashes of the lower lid being inverted, Mr. Power removed on March 5th an elliptical piece of skin close to the lashes, and brought the edges of the wound together with sutures. The wound healed very well, and completely cured the complaint. On March 11th he went out, with no pain in the eye, but still unable to see the light.

He was readmitted on April 19th. The pains had returned with increased severity; the eye was red and watery, very tense, and the pupil was of a deep greenish hue. The left eye was getting weak, and the vision failing. On April 23rd the right eye was extirpated, under chloroform, in the usual way. There was a great deal of ecchymosis afterwards, but this soon subsided, and the wound healed well. The patient had no more pain, and the other eye became as strong as ever. He went out on May 1st. On examining the extirpated eye a staphylomatous protrusion was found at the upper and inner part of the equator of the globe. At this point the sclerotic was very thin (about one-fourth of its normal thickness) and bluish. The retina was spotted all over with small hæmorrhages, and its vessels were large and tortuous. The optic disc was very much cupped. The retina was atrophied, and the large choroidal vessels showed through it distinctly. The vitreous humour was very fluid, and the lens quite clear.

CASE 6. *Simple glaucoma; iridectomy; cure.* (Under the care of Mr. COWELL.)—Martha H——, aged forty-eight, married, was admitted Feb. 26th. She stated that four years ago she fell and struck her back against a fender, and that since then the sight of the left eye had been gradually failing; it had been getting rapidly worse during the last few months. She had had continuous pain in the eye and head, preventing any sound sleep and taking away her appetite. The sight, she said, was sometimes very much less acute than at others. She was very much constipated, and had frequently taken pills daily for a week before she could obtain relief; she was also very subject to rheumatism, and had had a great deal of trouble and worry during the last few years. She used No. 7 convex glasses for both eyes to enable her to read. With them she read at the time of admission No. 5 Snellen, and her vision was $\frac{2}{3}\frac{0}{0}$ with the right eye; with the left she read No. 20 Snellen, and her vision was $\frac{2}{1}\frac{0}{0}$. The right eye was hard: T+1. There was distinct cupping; media slightly hazy. The left eye was of stony hardness; T + 3; media very thick, just allowing the fundus to be obscurely seen; the disc was deeply cupped, looking like a pit, into which one or two vessels were dimly seen to disappear; the iris was pushed forward; lens clear; pupil dilated, sluggish and greenish. The patient saw halos round lights with both eyes. The field of vision was narrowed, especially in left.

On Feb. 27th Mr. Cowell made a small iridectomy upwards in left eye, without any anæsthetic. A pad and bandage were applied. She had no pain in the evening, and slept better than she had done for many weeks. The eye was bathed daily with warm water, and uncovered altogether on the sixth day. During this time she had had no pain, had slept well without any draughts, and her appetite had returned. She went out on March 6th, the eye looking quite healthy; no tension, no cupping, and a perfectly clear pupil, and the *right* disc was no longer cupped. Her vision was:—*Right* eye, V = $\frac{2}{3}\frac{0}{0}$; with convex 10, V = $\frac{2}{2}\frac{0}{0}$; with convex 7 she read No. 1. *Left*, V = $\frac{2}{1}\frac{0}{0}$; with convex 10, V = $\frac{2}{2}\frac{0}{0}$; with convex 7 she read No. 4.

On March 17th, with convex 7 she read No. 3 with left eye. She had had no more pain, and both eyes seemed to be getting stronger and clearer every day.

CASE 7. *Subacute glaucoma; iridectomy; partial recovery.* (Under the care of Mr. POWER.)—Elizabeth S——, aged fifty-nine, married, was admitted on March 27th, 1875. She said that the left eye had been getting dim for six months. The first thing she noticed was that in looking at a candle she saw circles of light round it. She had not suffered very much pain in the eye at any time, and it had not prevented her sleeping well. She was not at all subject to rheumatism or gout. Her health had always been good, and her bowels were regular, and she had had no great trouble lately. On admission there were a slightly marked circum-corneal zone, and a greenish hazy look about the pupil, and the iris was dilated and immovable; tension considerably increased (T + 1 or 2), and there was some hypermetropia. The media were too hazy to permit of an examination of the fundus. In the right eye the media were also hazy, but the disc could be seen to be free from cupping, and with its vessels very small. With the left eye she could only just distinguish light and shade. On March 29th Mr. Power did an iridectomy upwards, of moderate size, which was attended with no hæmorrhage, and which formed a pupil of the orthodox "key" shape. Atropine was instilled, and a pad and bandage were applied to both eyes. The eye was bathed daily, and atropine was dropped in; she had no pain in the eye, and she slept well. On the second day the right eye was uncovered, and on the third a shade only was worn, as the wound had quite healed. She was discharged on April 5th, with the pupil still slightly hazy. She had no pain, and was able to count fingers at two feet distance.

On April 9th (twelve days after the operation) the media were nearly clear, there was still slight cupping, the tension was normal, she could see all large objects about the room sufficiently well to enable her to walk about when the right eye was covered, and vision seemed to be improving daily. The right eye had completely recovered.

She has not been seen at the hospital since the above date.

A few general remarks on the above cases may not be out of place. In almost all, as is so commonly the case with hospital patients, the operation was performed too late to achieve the perfect success which almost invariably attends iridectomy for glaucoma when this plan of treatment is early adopted. Although vision was not much improved in some of the cases, yet in each there was much abatement of the pain,—in all temporarily, in most permanently. This fact alone would sufficiently justify the operation, as the pain is usually of the most violent description, preventing sleep, taking away the appetite, and rapidly weakening the patient. It may be added, that most of these cases had been previously under treatment by lotions and general measures, which had, of course, done nothing towards relieving the complaint. It is scarcely saying too much that, had they all come to the hospital when the disease commenced, they would all at present be enjoying good sight,

instead of the majority being nearly blind. Probably there is no operation in surgery the early performance of which is so important as that of iridectomy in glaucoma.

EDINBURGH ROYAL INFIRMARY.

ANÆSTHETIC LEPROSY OF THE LEFT ARM; AMPUTATION AT SHOULDER-JOINT; RECOVERY.

(Under the care of Mr. JOSEPH BELL.)

FOR the notes of the following interesting case we are indebted to Mr. Holland J. Cotton.

Sarah M——, aged thirty-five, a widow, was admitted March 20th, 1875, suffering from a form of leprosy of the left arm and hand. She had had nine children, all of whom had died in infancy except one little girl, who was quite healthy, and betrayed no sign of hereditary syphilis. The husband was a healthy labouring man up to the time of his death, which occurred suddenly a few months ago of bronchitis. The patient herself looked delicate and despondent, but had always enjoyed good health until four years ago, when the disease first showed itself as two hard lumps just below the shoulder. These apparently ran through stages similar to gummata, and were followed by others lower down the arm, but in time they all ulcerated and cicatrised over. Two years later similar lumps appeared in the same region, and gradually spread down the forearm to the hand. These ulcerated as before, healing up above and then breaking out lower down, so that at the time of her admission into the hospital the whole hand was involved and was of great size. The patient had never been out of the vicinity of Edinburgh, and would admit nothing that would lead to the suspicion of syphilis.

The elbow-joint was found to be anchylosed at a right angle, and the arm slightly atrophied, and covered all over with cicatricial tissue, which broke down on the slightest irritation. The hand was much hypertrophied, and covered with a rough, hard, tubercular skin on the dorsum, which at one part seemed to be quite calcareous; whilst the fingers resembled most the tubers of a potato joined together, with claw-like nails hanging on. The middle and ring fingers were suppurating at the tips and exuding fetid matter; and the little finger had not enlarged, but was flexed on the palm. The limb was heavy, and the patient was very anxious to be rid of such a loathsome encumbrance. Accordingly, Mr. Bell, believing the case to be one of tubercular anæsthetic leprosy, amputated the limb at the shoulder-joint, but was compelled to make use of some of the cicatricial tissue in order to get flaps, so closely had the disease approached the trunk. Hardly any blood was lost at the operation. A drainage-tube was passed through the wound, and antiseptic dressings adopted.

The patient progressed most favourably, the pulse and temperature scarcely ever rising above normal, whilst at the daily dressing no discharge was found, but only serous oozing. The upper part of the wound healed by first intention, but the lower part included the portion of cicatricial tissue, and this formed a small slough, and separated in shreds, thus preventing the wound from being altogether antiseptic. Within a week of the operation the patient was very anxious to get up, but this was not allowed till ten days later, when all fear of secondary hæmorrhage had passed. The patient's general appearance and health improved greatly, but, owing to the sluggish character of the granulations which covered the small surface still unhealed, she was detained in hospital till the first week in May, when she was discharged quite cured.

DEVIZES COTTAGE HOSPITAL.

LIGATURE OF THE EXTERNAL ILIAC.

(Under the care of E. N. CARLESS, M.B.)

HENRY ——, aged twenty-nine, a carpenter's labourer, was admitted on November 18th, 1874. Two months previous to his admission he noticed a swelling in the thigh, the size of a bean, which gradually increased.

According to the patient's statement he had suffered from syphilis some ten years before.

On examination, a pulsating tumour, the size of a Seville orange, with well-marked bruit and eccentric distension, occupied the middle of Scarpa's triangle. Treatment by compression was first resorted to, and the means used consisted of Signoroni's tourniquet applied to the femoral artery above the aneurism.

During three days, compression in this way was obtained for about three hours night and morning, with the result that, at the end of this time, the aneurismal tumour was observed to become smaller, harder to the touch, and the bruit less distinct. Under these circumstances this method of treatment would have been continued had not the patient at this time, on account of the pain which he experienced from the pressure, persisted in unscrewing the instrument and taking off the pressure.

After this, the tumour having rapidly increased, ligature of the external iliac artery was decided upon, but it was not until January 16th that the objection of the patient to the operation could be overcome, and accordingly on the following day ligature of the artery was performed. The tumour had attained the size of a fœtal head, and occupied the whole of Scarpa's triangle. The thigh measured, over the tumour, 24½ in.; the other thigh measured 18½ in. At 11 o'clock the external iliac artery was ligatured with a double thickness of carbolised catgut. The wound was brought together with three silver-wire sutures, and dressed with carbolic acid and oil. Carbolised tow was used as a pad; the limb was raised and enveloped in cotton wool. At 3.30 P.M. the patient complained of a slight feeling of cramp in the foot; no pain. At 8 P.M. no pain; bowels have been moved. Pulse 92; temperature of leg, 98°.

Jan. 18th.—10 A.M.: Has had no sleep. Tongue clean; pulse 92; temperature of leg 97·5°. Ordered five grains of compound soap-pill every three hours.—8 P.M.: Has had sleep. Temperature of leg 99°; pulse 88.

19th.—Slept well during night. Appetite good; takes beef-tea, milk, and soda-water. Thigh measures 23 in. A few drops of pus at outer corner of wound.

20th.—Thigh measures 22½ in. One suture removed.

22nd.—Remaining sutures removed.

28th.—Thigh measures 22 in.

Feb. 2nd.—Wound perfectly healed.

5th.—A small livid patch presented itself on the centre of the tumour, about the size of a shilling. Complains of pain in tumour. Tumour to be poulticed.

12th.—Tumour freely opened, when a considerable quantity of dark fetid discharge escaped.

20th.—Wound still discharging.

March 17th.—Dismissed cured.

August 11th.—Patient has been engaged at his usual employment since May, and is quite well.

Reviews and Notices of Books.

Diseases of the Kidney and Urinary Derangements. By W. H. DICKINSON, M.D. Cantab., F.R.C.P. In Three Parts. Part I. Diabetes. London: Longmans. 1875.

DR. DICKINSON'S treatise on Diabetes is intended to be the first instalment of a work on Diseases of the Kidney, of which the second is to consist of his account of Albuminuria, published some years ago, and now out of print. The character and scope of the latter are well known. The present volume is equally useful. It is so arranged as to be available for the student, the practitioner, or the scientific physician. A preliminary chapter on the physiology of glycogenesis and glycosuria discusses the various systemic relations of the subject; its pathological anatomy and pathology are next considered, and then its causes, symptoms, and treatment. The cases which illustrate the preceding statements are described at length in a separate chapter. The effect is to clear the pages of much loose material, which in some works is so great an obstacle to their convenient use. Diabetes Insipidus forms the subject of three concluding chapters.

The abundant investigations into the physiological relations of the excretion of sugar, with which the names of Bernard, Schiff, and Pavy are especially associated, have

undoubtedly brought us a great and important step nearer to the comprehension of the real nature of diabetes. The account of these investigations is carefully and accurately written. It is not, indeed, a very full discussion of the numerous problems, primary and collateral, which are involved in the order and disorder of the formation and excretion of sugar, but it has the merit of advancing nearly all that is known with any approach to certainty.

The pathology of the disease is essentially a comparative one. It rests entirely on the facts of experimental research, every fact having been obtained at the cost of numerous experimental observations on the lower animals. The application of the results thus obtained to man has some, though probably only few, elements of uncertainty. There is little or nothing that is fresh in the description which Dr. Dickinson gives of the observations on the glycogenic functions of the liver and its derangements. He rejects, as unsubstantiated by clinical observations, all theories of diabetes which refer it to lessened consumption of sugar formed in the body in normal amount. Of these theories much has been and may be said, which the author has wisely omitted, since very little practical counterpart can be offered. Various conditions influencing increased supply are more fully considered. That view of the disease is accepted as most consistent with our present knowledge which regards its essential feature as perversion of hepatic function which, while it does not hinder, and possibly exaggerates, the disruption of protein bodies, substitutes in the issue sugar for glycogen. "Thus the material which should be retained as glycogen to form sugar only in small proportion, while it ministers in other ways to nutrition, is replaced by sugar, of which the bulk is necessarily expelled."

The pathological anatomy of the disease is described at length. The morbid changes were few until Dr. Dickinson's researches extended the range in which they are to be found by his discovery of alterations in the nervous centres. A considerable space is devoted to a description of these changes, which are so important and so constant as to justify, in the author's opinion, the inclusion of all cases of the disease as examples of an affection of the nervous system. He has examined the brain and cord in eleven cases of diabetes, and has found morbid changes in all. They consist of excavations about the arteries, or in the positions which arteries once occupied, the excavation being due to destruction of the adjacent nervous substance. The initial step is supposed to be the escape of corpuscles by migration, and subsequent changes in the tissue into which they pass. They occur chiefly in the optic thalami, corpora striata, pons, medulla, and cerebellum, and are also found in the white matter of the convolutions. They contain a translucent gelatinous material, or the products of granular degeneration of the tissue. The changes in the cord are similar, but less declared. Erosions around arteries are seen, especially in the transverse commissure, and occasionally in the grey substance. The central canal is often dilated. In one case patches of "miliary sclerosis" were found throughout the brain and cord. It has seemed to some that these changes are rather secondary to the morbid state of the blood than its cause. Against this view it is urged, however, that diabetic blood is not generally irritating to the tissues. Atheroma and vascular degeneration are strikingly rare in diabetes. The pulmonary change is peculiar to the lung rather than concurrent with similar changes elsewhere. The changes are apparent along the course of arteries rather than in the region of capillaries, where the mischief produced by a blood state would probably first show itself; and the process by which the alterations are produced, as far as can be discerned, points to an alteration, not in the quality, but in the distribution of the blood, as its first step. The changes in the nervous system are not special to diabetes; they are common to many other diseases of the nerve-centres: it is their special localisation in certain regions which sets up the morbid processes resulting in glycosuria. The nature of the change in the nerve-centres is hypothetically to irritate rather than to paralyse, and this accords with the evidence of experiments on animals. Irritation rather than loss of function seems to be the special effect of the nervous changes which, artificially produced, lead to the disease.

It is difficult, however, to believe that these facts furnish an adequate explanation of the nature of diabetes. The disease presents, in its clinical associations, no real alliance with diseases of the nervous system. Transient glycosuria may be, and often is, a result of morbid changes in a certain part of the cerebro-spinal centre, but these cases are very different in their character and course from those commonly included under the term diabetes, in which the glycosuria is progressive and often of great amount. In the latter cases, too, it is rare to meet with obvious nervous symptoms. If the minute changes which are scattered through the nervous system interfere so absolutely with the functions of one part of the nervous system as to lead to the severe form of diabetes, they should elsewhere cause other symptoms. If their occurrence is of the serious nature which Dr. Dickinson assumes, various paralyses and interference with mental power might reasonably be expected to be apparent. Instead of this we have only a gradual loss of physical strength uniform and equal, and much more suggestive of a blood than of a primarily nervous cause.

The pathological anatomy of the other organs is fully described, but does not receive any important additions. The changes in the liver are regarded, from their character, as probably secondary to vascular disturbance. The lung affection, so common in the disease, is rarely the result of true tubercle, being in most cases inflammatory in its origin.

To this chapter is appended, as important in connexion with the changes in the nervous centres, an account of the examination of the urine in a considerable number of cases of insanity. In such cases it is well known that alterations in the brain and cord, similar to those found by Dr. Dickinson in diabetes, are not uncommon. The investigation yielded the very remarkable result that in 106 cases of various forms of insanity, no less than 47 presented sugar in the urine. The grounds on which the statement is made are not, however, beyond question. Only 3 cases out of the 47 showed a considerable reduction of Fehling's solution. Of the remainder, 29 only showed a "trace of reduction." By this is meant that the colour was discharged when a mixture of two parts of urine and one part of Fehling's solution were boiled together. In the remaining 15 the test showed a "decided reduction"—i.e., a discharge of colour occurred when equal parts of the solution and of the urine were boiled together. It is doubtful whether the former test can be taken as evidence of even the slightest trace of sugar. No doubt the presence of the quantity it is supposed to indicate (1·2 per cent.) will cause the reduction as described, but it by no means follows that such reduction is evidence of that quantity, or, indeed, of any sugar at all. The normal urine has been shown to contain small quantities of substances capable of reducing copper, if the quantity of the urine is greater than that of the solution used. Kühne's assertion that the urine contains 1 per cent. of sugar—a statement not to be overlooked in estimating Dr. Dickinson's facts—has been shown by Seegen to be open to

grave question. Seegen believes that the reduction attributed by Kühne to sugar is due in great part to other substances capable of reducing Fehling's solution, and that the quantity of sugar in normal urine must not be estimated at more than ·03 per cent. Dr. Dickinson's cautious mode of expression indicates, indeed, that he is aware that his results cannot be accepted as so conclusive as in a subsequent paragraph he assumes that they are.

The account of the etiological conditions and symptoms of diabetes is excellent. A careful and interesting comparison has been made of the geographical distribution of the disease in England and Wales, which seems to indicate that it is more abundant in the agricultural districts than where the inhabitants are engaged in manufactures and mining, and that it is more abundant in the colder than in the warmer counties. It is not especially frequent where ague abounds nor where cider is drunk. It is more common among tillers of the soil than among miners or manufacturers similarly situated.

Dr. Dickinson's observations support the theory of Prof. Haughton, that there is a relation between the production of sugar and of urea in the organism, the two being supposed to be the common product of the decomposition of albumen. The urea and the sugar in the urine increase and diminish together—a relation which points clearly to a community of origin. It is intimated that the excess of urea bears to the sugar very much the proportion which it should theoretically present—i.e., one to five.

On the treatment of diabetes Dr. Dickinson has nothing new to add. He gives a convenient dietary table, arranging in parallel columns what to eat, what to drink, and what to avoid, and appends the additions to the strict diet which constitute a modified regimen. He adds his testimony to the very general condemnation which the "skim-milk treatment" has received. Of drugs, he has found strychnine the most useful, and places cod-liver oil next in value.

The chapters on Diabetes Insipidus, with which the work closes, contain a good account of that curious disease. The author has made some interesting experiments on the effect of diet on the malady. The presence of diabetes insipidus in children, in whom the saccharine form is so rare, suggested a possibility that the two diseases might be essentially one, influenced by the varying conditions under which it occurs. It was therefore tried whether, by a very starchy diet, the insipid could be converted into the saccharine form. The result was negative, and the conclusion is drawn that the diseases are essentially different. An interesting case is narrated, in which polyuria resulted from pressure upon the abdominal sympathetic.

The book is illustrated by some well-executed woodcuts and lithographic plates of the morbid changes in the nerve-centres and other organs.

The Medical Vocabulary: containing a concise Explanation of the Terms used in Medicine, &c. By R. FOWLER, M.D. Second Edition. pp. 552. London: Renshaw. 1875.

THE preparation of a medical dictionary is a task that seldom brings much credit to the author. The difficulties of successful definition, in the face of the shifting opinions regarding diseases and their causes, alone suffice to explain the fact. In the vocabulary form of dictionary, however, conciseness is the most essential element, but this must not be secured at the expense of clearness and sufficiency of meaning. Bearing these points in mind, we are able to speak well of this second edition of Dr. Fowler's work, which exhibits the results of great care in its composition. Since the publication of the first edition two events affecting scientific terminology have happened—namely, the publication of an authoritative "Nomenclature of Diseases" by the College of Physicians of London, and the acceptance by chemists of important innovations in chemical nomenclature. Dr. Fowler's work bears the impress of these two advances in modern terminology. The author has also added a list of the ordinary medical terms in common use with their Indian synonyms (in the Roman character), with the view of rendering the vocabulary of use to those who are studying for, or practising, in our eastern dependencies.

The type of the work is good and particularly clear, and the eye at once catches the words which stand as the headings of the definitions.

The vocabulary is a good one, and we again commend it to the medical reader, on account both of its conciseness and its correctness.

REPORT
OF
The Lancet Commission
ON THE
SANITARY CONDITION OF OUR PUBLIC SCHOOLS.

WINCHESTER.

ST. MARY'S COLLEGE, Winchester, is the oldest public school in the kingdom. It was founded in 1387 by William of Wykeham, and for many years the scholastic institutions subsequently established were generally modeled on the Winchester system. The management is vested in a warden, the head master, the fellows, and the governing body. The school contains, on an average, about 300 pupils; of whom 70 are foundation scholars, formerly called "the children," and 250 commoners or boarders who pay for their board and education. The former sleep in the college, in seven large dormitories as old as the college buildings, on oaken bedsteads two centuries old; and eat their dinners off trenchers of wood, and we believe still drink their ale from the old "black jack." They are lodged, boarded, and educated without expense. The commoners are, so to speak, extra collegiate: they receive the same education as the scholars in the college schoolroom, but they live outside the college buildings, either in the head-master's house or in the houses of the assistant-masters, which are more or less distributed throughout the town.

The college buildings consist of two quadrangles, formed by the dormitories, the library, the dining hall, and the kitchen offices. A school-room, lavatories, urinals, privies, racket-courts, and a sanatorium, complete the premises. The dormitories, as we have said above, are as old as the building; they are somewhat low, but as none of them hold more than thirteen beds the cubic space is amply sufficient; they are kept scrupulously clean, and are held in high esteem and veneration by the boys themselves. The dining hall is a fine room, and the kitchen arrangements are all that they should be. Some years ago there were great complaints with regard to the food, especially the dinners, served to the scholars, and the manner in which it was served; from inquiries made among those who have recently left the school we believe that matters have greatly improved in this respect, as they have at Eton, where similar complaints were made. The schoolroom where the lessons are prepared, as well as recited, is a lofty, well-proportioned room; it struck us, however, the light might be better arranged. The sanatorium is comparatively a new building. It is satisfactory to state that, though cases of scarlet fever have been imported into the school within the last five or six years, there has been no

spread of the disease among the other boys. The privies at present are extremely primitive; their contents fall directly into a running stream, which passes through the college grounds, and which in many places passes directly under the college buildings. This stream is derived from a larger, known as Lower Brook, which passes as an open sewer directly past the college gates; this Lower Brook practically receives the sewage of half the lower part of the town of Winchester. We understand the school authorities intend to provide earth-closets instead of the present privies, and also to divert the course of the stream passing through the college grounds; but we fear it will be impossible to restrain the town authorities from continuing to permit pollution of the Lower Brook, which must remain for some time to come an unsafe and unpleasant neighbour. The urinals in the college premises might be improved with advantage. The water-supply of the college is derived from two sources: the first and most used is the water supplied by the town water-works, which is of excellent quality, and is taken from a deep well in the chalk, and there is no danger of its becoming polluted; the other, which supplies the kitchen, jointly with the other service, is derived from the other side of the river, and we were not sure but that at times it might receive chance contamination, and we should advise its discontinuance. The college buildings are situated on the broad meadows which intervene between the river and the foot of the chalk downs, on which the principal part of the town is built. The soil consists of a bed of gravel and peat, about eighteen feet in depth, resting on the chalk. From the lowness of the situation, and from damming back of the river by the numerous mill heads, which hinders the natural drainage, the playing-grounds are not so dry as they ought to be. This should be remedied by artificial drainage, so as quickly to carry off the surface water. The school premises are situated quite at the outskirts of the town, and, if it were not for the abominable Lower Brook, would be quite independent of it with respect to sanitary matters.

The commoners reside in boarding-houses kept by the masters. The chief house belongs to the head master, and is situate in close proximity to the college buildings; and the sanitary arrangements and conditions are much the same. The houses of the other masters are nearer the town. These houses were private property, and no supervision was exercised over their arrangements. Now the governing body, in order to secure uniformity of management and a thoroughly good sanitary condition, have determined to buy up these houses, and relet them to the masters under certain specified conditions. In the houses that have, up to this time, been purchased by the governing body considerable improvements have been effected, and some are perfect models of construction and arrangement. The system of earth-closets has been generally introduced, and the system is to be extended to all the other houses and to the college buildings. Schoolmasters, who may be desirous of isolating their school from a defective and imperfect town drainage, should visit the new boarding-houses at Winchester and see the admirable manner in which the system is carried out. The domestic arrangement at the boarding-houses is excellent, and the diet good and abundant.

There is no regular medical supervision. There are three doctors nominally attached to the school, and the house master chooses which he prefers, when there is actual illness in his house. No regular medical certificate is required on a boy's entering the school, having reference to his physical condition and the nature of his previous illnesses, and it is left to the discretion of the house master to make such inquiries; nor are the parents required to furnish any certificate declaring that the boy has been free from zymotic disease, or been brought in contact with such disease during the holidays. There is no medical inspection on the boy's return to school, so that ringworm, scabies, scarlet fever, &c., might readily be introduced if any parent ignorantly or wilfully returned a boy suffering from such diseases back to school. As the boys only come under the care of the medical men when suffering from actual illness, nothing can be known of the actual condition of a boy prior to such illness. We have shown at Marlborough how excellently the system of medical supervision is worked there, and the advantages that the school has derived from it; how in many instances cases of actual breakdown have been avoided, and how, by timely removal for a term or so, a boy has been able to tide over his school career satisfactorily. We think the governing body at Winchester ought to adopt some such system. With the services of three medical men at their command, there could be no difficulty in having the foregoing particulars attended to, and a supervision as thorough as that of Marlborough instituted. The arrangement of the dormitories at Winchester is excellent. These contain, on an average, nine beds for boys of all ages; there is also a general sitting-room in each house, and a few studies for the senior boys. The hours of work are not excessive: two days a week a boy is in school six or seven hours, on other days four or five; sixth-form boys, however, when preparing for an examination may spend eight or nine hours; all lessons, as a rule, are prepared in the school-room. The system of fagging is more fully carried out at Winchester than at the other public schools, and even here it has been greatly modified of late years. The system is somewhat complicated, and it is difficult to understand the details. We could not learn, however, that it was in any way injurious to a boy who was fitted to be at a public school at all. We know that many parents object to the system, but we think, if carried out with proper supervision, it serves as a restraint in some measure to the growing luxury of schoolboy life, and taking the opinion of "fags" generally, we think it would be found they themselves are not at all averse to it.

In conclusion, we are able to state that the sanitary arrangements and condition of the school at Winchester are, on the whole, satisfactory (we wish we could say the same of the town), and show a marked improvement in this respect to its state some few years back, when it had a very bad reputation for ill-health; so much so, that the commoners in 1858 were reduced in number to 68. The fact that in the last ten years there have been only two deaths from zymotic disease in the whole school, and that no outbreak of scarlet fever has occurred now for some years, though several cases have been imported, and a serious epidemic occurred in the town about two years ago, speaks very favourably for the general management. The arrangement of the dormitories is most judicious; the number of beds is sufficiently large to afford protection against the possibility of immoral practices being even secretly carried out, whilst the number is not so great as to cause danger from the spread of zymotic disease casually introduced. What Winchester most requires is a thorough and complete system of medical supervision. Many of the younger schools have long since recognised the importance of this, and we feel convinced that Winchester cannot much longer delay following their example.

THE NEW HUMAN FLUKE.

To the Editor of THE LANCET.

SIR,—Professor McConnell's description of another human fluke, as given in your pages for August 21st, is of such high interest to helminthologists that I trust you will permit me space enough to say a few words on the subject. Without doubt the species is new to science, and ought to have some distinctive name by which it may be recognised amongst the trematodes. I propose to call it *Distoma sinense*. The evidence adduced by Dr. McConnell in proof of the specific distinctness of his entozoon is overwhelming, and his account of the parasite's anatomical structure presents features of special import. In regard, however, to the flukes obtained by Dr. J. G. Kerr, I have no doubt that they will turn out to be thoroughly characteristic examples of Prof. Busk's *Distoma crassum*, the opinion of Prof. J. Leidy (who so well describes the parasites) to the contrary notwithstanding. In the forthcoming issue of the *Journal of the Linnean Society* there will be a description of two more instances of the occurrence of Busk's fluke in the human subject, founded on specimens obtained from a missionary and his wife who placed themselves under the professional care of Dr. George Johnson and myself. Prof. McConnell's fluke is quite distinct from all the other human and animal trematodes at present known to science, and to this extent, therefore, the case is unique.

I am, Sir, yours truly,

Harley-street, Sept. 2nd, 1875. T. SPENCER COBBOLD.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 18, 1875.

THE Act relating to Public Health that has just become law is confessedly imperfect in many ways; but its provisions can now be criticised with tolerable facility by those specially interested in them—i. e., those who are directly or indirectly called upon to administer them. It is already plain that materials will soon be forthcoming to show the weak points of the Act, more especially those contained in Part 3, relating to sanitary provisions. And here at the outset it is satisfactory to know that the medical officer of health will in urban districts be strengthened in the performance of his duty under the Artisans' Dwellings Act by those clauses of the Public Health Act that relate to sewerage and drainage. The power to purchase, to make, to maintain, and to cleanse sewers is vested in the local authority; and no stream or watercourse is to be fouled by sewage. But, though five or six subsequent clauses are devoted to sewage disposal, the whole question is still in cloudland, and we must wait for the report of Mr. CLAVE READ and his colleagues with a subdued hope that it will help us out of the great difficulty. The clauses that relate to privies, waterclosets, &c., ought to be sufficient if stringently acted upon; and we may recommend to the attention of urban sanitary authorities the important power given them as to providing urinals, closets, and ashpits for public accommodation. As regards removal of filth on the certificate of the sanitary inspector, no power is given, as in former Acts, to destroy as well as remove. This is a serious omission, for many filthy things require to be destroyed, inasmuch as it is not just to remove them from one district into another. The clauses relating to water-supply must be classed, like those referring to disposal of sewage, as tentative only, for both must be materially altered in accordance with the Rivers Pollution and other water Bills that may possibly become law during the next session of Parliament. But Clause 64, vesting the care of public cisterns, pumps, wells, &c. in the local authority, and Clause 70, giving power to the local authority to close polluted wells, public or private, are both most useful provisions, and calculated to aid practically in the prevention of zymotic disease. Clauses 71 to 90 inclusive, which relate to lodging-houses, should, in many cases, aid the medical officer of health in his duty under the Artisans' Dwellings Act, and ought, as one practical outcome, to result in the total abolition of all cellar dwellings. In the important clauses grouped under the head "nuisances," the law is simplified, in that a penalty may be levied in a summary way for neglect of the order to deal with a nuisance, and is amplified usefully, in that power is given to the local authority to proceed against a nuisance existing in an adjoining district. Ships are specially included as houses under this section, and training-ships are by a slight verbal change brought generally under the provisions of the Act, having been up to the present time exempt as "belonging to Her Majesty's Government." Offensive trades are specially dealt with, and much of the value of these clauses is, as we believe, due to energetic action taken by the Society of Medical Officers of Health, as also those relating to unsound food exposed for public sale. There are three clauses relating to mortuaries, which are rendered of little or no value because the erection of these places is not made compulsory. Mortuaries should be established in all urban districts. The seven clauses relating to the "prevention of epidemic diseases" are for the most part a summary or copy of the Diseases Prevention Act, and give, as is known, very great powers to the Local Government Board in the event of the outbreak of any "epidemic, endemic, or infectious disease."

Our readers are well aware that the clauses (fourteen in number) relating to infectious diseases and hospitals have already been criticised in the daily journals by both lay and professional persons. The provisions relating to conveyance of sick, maintenance of ambulances, destruction or disinfection of clothing, infected lodging-houses, and infected persons brought by ships, are all good enough, though they may not be sufficient to meet all emergencies. But the clauses above indicated are utterly spoiled in practical working, because no obligation exists on the local authority to provide hospital accommodation. They may or may not, and, as a matter of fact, in the vast majority of cases they do not, provide it, and apparently have no intention of doing so, unless compelled by law, or unless thoroughly alarmed by a formidable epidemic, and, as the consequence, a huge mortality. We do not care to discuss the various plans that have been proposed by different persons as to the best means of isolating infection. The object of this critical summary is merely to show some of the existing defects of the Act; and until these hospital clauses are rectified, we may look in vain for success in any solitary, combined, or systematic efforts, official or unofficial, to stamp out epidemic disease when once fairly introduced into a district.

It is not necessary to refer again to the provisions of the Act that give power to the Local Government Board to combine districts for the election of a medical officer of health, for the subject was very freely discussed in these columns in February last. The existing districts must necessarily be rearranged in a short time, and it is probable that a Select Committee will be appointed to consider the best principle to be adopted in dealing with this important subject.

The attention of sanitary officers should be called to certain schedules at the end of the Act, which include forms of orders &c. to be used in the ordinary course of work.

And here, for the present, we leave the Public Health Act.

SIR ROBERT CHRISTISON'S defence of "the present system" at Edinburgh was thorough. It was conceived in the bold "no surrender" spirit. Not a lecture in the curriculum must be given up, and not one board of the famous nineteen that compete for the honour of licensing the candidate for practice can be dispensed with. Sir ROBERT'S vision of the future, if "some vigorous reformers

in the South" accomplish their projects, is something dreadful to contemplate. The prospect he drew may well scare—as it was meant to scare—all believers in the One-portal system, or even in that mild form of it, the Conjoint Board Scheme. The lions in the way are legion. It will be costly to the candidates; in addition to the cost of simple examination there will be the cost of 900 candidates travelling to London, and waiting their turn for examination; it will be absurdly unjust to university candidates; it will be a fountain of mediocrity "in all things medical—in education, in professional qualifications, and in scientific advancement";—the corporations may find their very *raison d'être* questioned; and, worst of all, the luckless examiners that may be called into laborious employment under the scheme described will find the work too much for the brain, and probably half of them will be landed in a lunatic asylum! This is the way in which Sir ROBERT CHRISTISON "lifted his warning voice" in Edinburgh against proposals for simplifying the system by which medical students are licensed to act as general practitioners in this country. It is fine to see the perfect satisfaction with which a youthful veteran like Sir ROBERT can survey "the present system," though rather painful to notice his fear of change.

As we were not convinced by Sir ROBERT'S able address that there is anything absolutely and certainly right in a system which inflicts 140 or 150 lectures in one subject on a student, and 140 or 150 others upon other subjects, respectively, in the course of a winter session, so we are still unconvinced of the propriety of a system which leaves nineteen bodies to compete in the work of examining students for the purpose of licensing them to practise half their profession.

There are two points in the demand for a One-portal system which this journal has made for forty years, and which we mean to make till it is conceded. The first point is, that a diploma should be a complete instrument—not one-sided, not surgical only or medical only, but a complete licence to practise in every branch of the great art of medicine. The other is, that the body or bodies granting such a diploma should be above all commercial feelings—such as those of dependence on the fees of those whom they examine, of rivalry with other bodies doing the same work, &c. As regards the first point, we maintain that Sir ROBERT CHRISTISON himself is on our side. Here are his wise words:—

"One condition, however, must be admitted to be indispensable. As every physician ought to be educated in Surgery and every surgeon in Physic, so every board which singly qualifies a man for registration must possess the power and the means of examining on all required subjects, medical and surgical."

Here is an admission of the necessity of examining men all round. Sir ROBERT CHRISTISON says that every board must possess the power of examining on all subjects; by which, we presume, he means that they either possess or must make themselves possessors of this power of testing a man all round. But here comes the absurd thing, that while, under the sheer force of public opinion, all the bodies but one or two examine a man completely—that is, both in Medicine and in Surgery,—they do not more than half license him, except the London College of Physicians, which gives a complete diploma to its licentiates. After Sir ROBERT CHRISTISON has admitted the necessity of every board making its examination complete, why does he not make the further admission, logically involved in his first, that the diploma which it gives should be also complete? Why should a man who is examined in Medicine by the examiners appointed for the purpose by the Royal College of Surgeons of England have no power of recovery in medical cases, while a man who has been examined in Surgery by the College of Physicians of London can recover in surgical cases? We should be most glad to have Sir ROBERT'S answer to these questions. The whole system of one-sided diplomas is now out of date. Distinguished members of the College of Physicians do not think it beneath them to perform tracheotomy, and consulting surgeons do not disdain to use a stethoscope. For general practice general powers are still more indispensable. But they are not given in the single diploma of any body except that of the College of Physicians of London. This is the "present system" which Sir ROBERT CHRISTISON defends, and under which two-fifths of the men who register are only half qualified. It may continue by reason of the apathy of Parliament in such technical matters; but it is obviously unreasonable and out of date.

As to the other point, that a reduction in the number of licensing bodies is desirable, it is so generally admitted that we shall spend little time in refuting Sir ROBERT'S objections, which seem to us strained and far-fetched. He and Mr. LYON PLAYFAIR probably fancy that they have changed public opinion on this point. But they have not. It is true that many of the existing bodies do their work tolerably well, though nobody would deny that they let through a good deal of "mediocrity." One board in each division of the kingdom would do the work equally well, and probably better. True, inspectors can be found to inspect nineteen bodies; but last year this inspection cost £500. Moreover, if it is possible to inspect nineteen bodies, the inspection of three might be much more thorough, in which case the boards, instead of being fountains of mediocrity, would be fountains of higher efficiency. As to the elaborate calculations by which Professor CHRISTISON shows the costliness of a One-portal system, we have to say only this—that the double diploma is to be had in Edinburgh for £16 and at the London College of Physicians for £15; and that there is ample material in the three metropolitan cities for three examining boards, without any such tax on the brains of the examiners as would send half of them to asylums. We have never believed much in Conjoint Schemes; but we believe in the One-portal system, as simple, just, uncostly, capable of being supervised, and sure one day to receive the sanction of the Legislature.

THE medical profession in Ireland have reason to feel aggrieved and insulted at the very scanty remuneration which the Local Government Board has provided for the medical officers of health to be appointed under the Irish Public Health Act of 1874. Dr. O'LEARY, M.P., brought the subject before the House at the close of the session, and it is to be hoped that Government will at once see that sufficient remuneration is provided in order to secure efficient

and responsible officers of health. By the terms of the recent Act it was made obligatory on the medical officer of the dispensary district to undertake its sanitary duties, the question of additional salary being left to the guardians. However, to prevent these from exercising any unwonted generosity, the Local Government Board has fixed a maximum for the increased salary, which in no case is to exceed £26 per annum! To do the guardians justice, they have, however, as yet shown no inclination to trench on this maximum, and have fixed the additional remuneration at an average of £10 per annum. The work to be done for this sum is immense, and not always free from danger. Take, for instance, Dunmore. Here the medical officer has a district containing a population of 8000 and an area of 30,000 acres. The officer of health has sent in 108 reports of 186 inspections; for this, and the time spent in giving evidence in Court when necessary, he receives the munificent sum of £10 per annum. Should he wish to resign such responsible and arduous duties, he will also be called upon to resign his appointment of dispensary officer. At Drogheda, for issuing 150 special reports on 230 cases of nuisances £20 is granted. Those medical officers of health in England who have Irish rookeries in their districts can readily sympathise with their brethren in Ireland, and understand the class of people they have to deal with. We learn from the *Dublin Daily Express* that only a few weeks since, in the county of Galway, "after the successful prosecution of an uncleanly cottager, the dispensary doctor was obliged to seek the protection of the magistrates, as the indignant delinquent had threatened the doctor's life should he again pass by his road." A common bricklayer's assistant would decline to undertake the inspection of drains, sewers, pumps, &c., let alone the other duties, even at the hitherto not approached maximum fixed by Government, of 1*s.* 7½*d.* a day. We are not surprised, therefore, to find that members of our patient profession begin to resent having such duties forced on them, and being compelled to perform them at the rate of 6½*d.* per day. A firm and manly protest against such treatment should proceed unanimously from the dispensary medical officers, and, if judiciously urged and worded, we are sure they would secure the attention and sympathy of the public; nor do we believe the Government could resist their just plea for more liberal treatment. It is stated that in England the allowance to medical officers of health for the same amount of work is double the maximum granted by Government for those in Ireland. We see no reason for this inequality, and we claim for our less fortunate Irish brethren the same scale as received by ourselves; and even then both would be underpaid for the important services rendered by them to the community.

IT is somewhat appalling to learn that the prisoner in the Norwood poisoning case had in his possession three or four ounces of liquor strychniæ, and that up to this time the police have utterly failed to find out where it was obtained. Such a fact implies a serious defect either in the police system or in the state of the law, which it is to be hoped will receive illustration at the approaching trial. The particulars of the sale of poisons—such as opium, chloral, &c.—to non-medical persons by druggists would be a startling but instructive disclosure.

Annotations.

"Ne quid nimis."

MEDICAL CERTIFICATES IN CASES OF DEATHS FROM VIOLENCE.

A SHORT time since a labourer in Somersetshire was knocked down by a train in a tunnel, and so injured that he died next day. By a singular succession of blunders, the body of this man was buried without any reference to the coroner, and without even the registration of the death. An inquest was subsequently held, the body having been exhumed for the purpose by order of the coroner, at which a point of some importance to the public and the medical profession was raised. It appears that the deceased was knocked down on the night of the 12th ult., but was not seen by a medical man until the next day, and died almost immediately afterwards. The medical attendant, although he had not been called in until the man was probably beyond assistance, was afterwards asked to give a certificate of the cause of death, and making no objection, certified that the man died from "injuries to the abdomen." In the ordinary course of events this certificate of the cause of death should have been delivered to the registrar of births and deaths, whose duty it would have been, on seeing that it was a death from violence, to communicate with the coroner before he registered the death or issued his certificate or notification which authorises the body to be buried. Through somebody's ignorance or negligence this medical certificate of the cause of death was, however, produced at the interment instead of the registrar's certificate, in consequence of which the officiating minister, after the burial, informed the registrar that he had buried the body of a person whose death had not been registered. In this case, in spite of so many blunders in the form of procedure, an inquest was eventually held, although it was necessary to disinter the body for the purpose, and the death was duly registered. The coroner—who, by the by, is a medical coroner—at the inquest somewhat severely criticised the medical attendant for having given a certificate of the cause of death in such a case, and we cannot but agree with the coroner when he said that if a medical attendant in the case of a death from violence takes upon himself to decide whether or not it was a case for an inquest, he usurps the functions of a coroner. When Mr. Lodge was asked to give a certificate of the cause of the death of this man who was knocked down by a train, he doubtless felt perfectly justified in certifying that the death was caused by "injuries to the abdomen"; but he was clearly not in a position either to say precisely how the injuries were caused, or whether they were the result of pure accident, gross negligence, or even suicide. These facts could only be ascertained by an inquest, and only on the improbable refusal of the coroner to hold one should this death have been registered on an ordinary certificate of the cause of death. We presume there are few members of the profession who would agree with Mr. Lodge when he stated at the inquest that he did not see why he should not give a certificate of the cause of death if a man were brought into his surgery with a bullet-wound through his head! In such a case it is not the duty of a medical man to attempt to decide whether the bullet-wound was inflicted by fair or unfair means, and it is moreover clearly his duty to refuse to give a certificate, and to order a reference to the coroner. Not only is it highly important that the medical man should take the initiative in bringing under the notice of the coroner all cases of death from violence, or even suspected violence, but it is also

desirable that no certificate of the cause of death should ever be given which by any possibility could be refused acceptance by the registrar, and it would clearly have been the duty of the registrar of Brislington to have refused to register the above-mentioned certificate of Mr. Lodge without reference to the coroner.

SWIMMING.

WITH each recurring bathing season we expect to encounter paragraphs in our daily papers headed "Accidental Drowning," or with some such title; but it seems to us that the accidents from bathing have been unusually frequent this year. If Captain Webb's great exploit has led to many silly imitators on a small scale, and to some loss of life, it cannot be denied that his success has given an impetus to swimming, and led many to learn or practise that art. It is so easily learnt, so important and enjoyable, and so many facilities exist for acquiring it, that there is really little or no excuse for anyone being unable to accomplish it. And, to do the rising generation justice, physical education is not neglected as it once was, but youths of both sexes are now taught many things which even boys did not learn some years ago. In addition to the ordinary sea-bathing, most watering-places are furnished with good swimming baths; and, like everything that is worth learning, there is a right and a wrong way of learning to swim. Those who have begun young, and been taught regularly and systematically, will almost always surpass those who have acquired it by themselves. Happily, it is no longer considered hoydenish for a girl to learn to swim, ride, skate, and play at lawn tennis, or even cricket; and the gain in point of physique—to say nothing of the saving of physic—is great. The forcing of the intellect in the acquirement of accomplishments for which a girl might have no real taste, the confinement in overcrowded and heated school-rooms, and the absence of any exercise beyond that which arose in walking two and two in a body, by which "the young ladies" forming the school resembled a jointed animal like a serpent or alligator moving along the roadway, have given place to other and more varied occupations. We hear less now than in Sir Benjamin Brodie's time of weak spines, "hysterical joints," and the like, which the very imperfect training then in vogue had to answer for. No doubt many of those whose deaths have been recorded from accidental drowning were swimmers. Some of them, however, made little or no allowance for the strength of tide and currents; some, losing confidence, began to throw their arms up and became embarrassed in breathing by fear and struggles combined; and some were, perhaps, seized with that very popular cause of drowning—cramp. This cramp is an altogether peculiar affection. The swimmer goes down at once or rapidly—so rapidly as to lead to the belief that the diaphragm and muscles of respiration are the principal parts affected. Where people bathe in deep water, if there were a line of corks floating on the surface to show the direction of the tide, and if some boats, provided with steps and lifebuoys, were always present, we think some of this loss of life would be averted.

CONTRADICTORY OPINIONS.

A FEW days ago a mother was summoned before the magistrate of the Clerkenwell Police-court for hiring a cab at the St. Pancras railway station to convey her child to the Fever Hospital, Liverpool-road. At first sight this appears to have been an offence of the greatest gravity. The surgeon at the hospital ordered the child into the hospital and the cab was disinfected. It seems, however, that the mother possessed a certificate signed by a surgeon at Belpore, where the child had been lying ill with scarlet fever, to the effect that it was "free from infection." The inspector who brought the complaint before the court is said to have expressed an opinion that the certificate was correct. The hospital surgeon differed, no doubt respectfully, from the surgeon at Belpore, who, it appears, had attended other children at the school where this one had been attacked, and the inspector, while he lodged the complaint, supported the certificate produced for the defence. Altogether there was so much contradictory evidence in the case that the magistrate dismissed it, and of course refused costs. It is much to be regretted that conflicting statements as to the danger of contagion should be promulgated by medical men. It is possible that the little boy when taken to the Fever Hospital presented symptoms which were not apparent when the surgeon by whom he had been treated at Belpore gave his certificate. But then, why was he taken to the hospital? The mother seems to have taken her son direct from the railway station to the hospital, and to have misled the cabman by telling him to drive to Liverpool-road, instead of naming the Fever Hospital as their destination, and while doing this she professes to have acted upon the certificate afterwards produced in her defence! We confess it is not easy to see why, under the circumstances, the magistrate allowed the summons to be dismissed. The whole facts did not probably transpire in court, but enough of mystery surrounded the case to call for a full inquiry. For the credit of the surgeon at Belpore it should be known *when* and *for what purpose* he gave the certificate of health? And for the honour of the lady concerned it should be explained why she took her child to the Fever Hospital so quickly, and with such strange precaution? We should like to add another question, why did the magistrate appear to regard the Inspector of Police as a sort of umpire between the medical men whose opinions were contradictory? When doctors differ is an Inspector of Police the most fitting person to say which is right?

SCURVY IN THE MERCANTILE MARINE.

DURING the past fortnight no less than four British ships have been reported with cases of scurvy on board. The brigantine *Cecilia* arrived in London from Lagos with two cases of the disease, and the medical inspector of the Board of Trade having discovered that the crew were not sufficiently provided with lime-juice, the captain was prosecuted and heavily fined on three counts under the Merchant Shipping Acts of 1854 and 1867. A large ship arrived in the Millwall Docks on the 6th inst., from Akyab, after a long voyage, with several cases of scurvy. The men are now under treatment in the Seamen's Hospital, and as an official inquiry as to the ship is proceeding, it would not be proper to prejudge the case. It is reported that nearly all the crew are more or less affected.

Most of our readers have seen paragraphs in the daily journals relative to two vessels recently arrived at San Francisco, and described as partly decimated by scurvy. It is futile to comment upon these apparently disgraceful circumstances until the facts are before us, but it is almost impossible to conceive that in a British ship, belonging to one of the largest owners in the kingdom, twelve men can have died and twenty-two been disabled from this eminently preventable disease. Be this as it may, it is the duty of the Board of Trade to watch the arrival home of the *Bremen*, and institute immediately afterwards, under the 14th section of the Merchant Shipping Act of 1854, a strict and exhaustive investigation into the circumstances. It is the more important that this line of action should be adopted and carried out in its integrity, because we have been lately congratulating ourselves on the decrease of scurvy in the mercantile marine. Last year only eighteen cases of

scurvy were received into the Seamen's Hospital at Greenwich, as compared with an average of one hundred cases annually before the Duke of Richmond's Act came into operation. And, moreover, the facts above recorded may very properly be presented for consideration to gentlemen with ultra-Plimsollian tendencies who think that, if the ship is safe and seaworthy, it matters not as to the quality of her vital material. Good ships as well as bad ships are sent to the bottom, the latter because they are rotten, and the former because they are manned by men either rotten when they ship or made rotten by improper food and accommodation. This may be an unsavoury setting forth of facts, but the facts are reliable, and we may well wonder why, for the sake of saving a few shillings, owners and masters of ships decline to take the legislative means provided for ensuring to themselves a sound and healthy crew at starting. When the start is effected under such circumstances, the master must, in these days of preserved provisions, good antiscorbutics, and comparatively short passages, be very clumsy or very parsimonious if he cannot keep his men in fair working order, accidents and emergencies excepted.

GREAT EXPECTATIONS.

PUBLIC attention is for the moment strongly directed to the powers and functions of officers of health. This is only natural considering the prominent part which these gentlemen will have to play in the working of the new sanitary Acts. Nevertheless the notions which prevail are confused and contradictory. It may be well that some of them should be corrected. An organ which speaks of "appointments as parish or district doctors" as "plums" is not entitled to much weight. It must by this time be pretty well understood that the service of the Poor-law Board, as it used to be called, is not sought for the sake of its emoluments. As a rule these fall rather below the total of expenditure entailed by the duties imposed. It is well known that local practitioners generally take parochial or district offices because some medical man resident in the locality must be appointed, and the locality will not maintain a new-comer. It is no doubt true that "now the medical officer of health is master of the situation." Broadly, this assertion covers the case fairly enough, and we must accept the full measure of responsibility which the position entails. But it is startling to be told that "the pay is often good, and the work not over laborious." The acknowledgment that "the duties are large and vexatious, and the responsibility great," is more to the point, and better in respect of accuracy. The vexatious character of the obligations which now devolve upon the medical officer cannot be disguised. He is between two perils. If he leans towards the "local authority," which, as a rule, is chiefly concerned to keep down the local expenditure, he will probably neglect his duties. If, on the other hand, he exhibits a reasonable amount of zeal in the discharge of his functions, he is almost sure to run counter to the prejudices of his *employers*—the term is unfortunate, but it alone adequately expresses the position in which the relations are left—and they will have their revenge. It is most important that the public should realise the difficulties which beset officers of health. It is no less necessary that medical officers should clearly understand how much is required of them. It will be better to err on the side of doing too much than too little. At the same time officers will do wisely not to incur a risk of rebuff and discredit. They will most readily and successfully avoid the perils that surround them by remembering that, as a matter of fact, every "representation," although addressed in the first instance to the "local authority," is actually to be judged by the "confirming authority." Public opinion, as distinguished from local prejudice, will support the medical officer in the discharge of his duty, and if his representations can be successfully maintained before the Secretary of State or the Local Government Board he has really nothing to fear. The largest anticipations are cherished, and we believe they will be justified by the diligence and discretion with which officers of health will discharge their onerous duties. A single eye to the *public* interest will ensure success. Meanwhile the community at large will do well to bear in mind that without public support the medical officer must be practically powerless, and in too many instances probably he will fall a victim to his own enterprise.

THE WORCESTER INFIRMARY.

THE Executive Committee of the Worcester Infirmary still stands on its dignity, and refuses to make any alteration in the rule which has lately occasioned, and very reasonably occasioned, the resignation of the senior physician, Dr. Inglis. It does not augur well for the peace and welfare of a hospital when its honorary medical staff and its executive committee are at such variance that the medical staff can get no redress from the executive committee, and is compelled to appeal to the general body of governors. But this is the state of things in the Worcester Infirmary; and all because the Executive Committee will not agree to a slight alteration in the rules, to the effect that when an honorary officer cannot attend he shall try to secure the attendance of a colleague, and, failing this, the house-surgeon shall see the patients. More is conceded by the medical staff—namely, that when they cannot keep their infirmary engagements the particular reasons for their absence should be stated to the committee. It seems to us that these might have been taken for granted by the committee, unless absence became so frequent as to require explanation. We are not aware that explanations are demanded by the committee of any other hospital. We can only hope that the body of governors will more generously recognise the consideration due to busy practitioners who do their best to harmonise the claims of private practice and hospital duties.

YORKSHIRE VARIOLOPHILISTS.

GOOD service is being done to the cause of vaccination by some of its shortsighted or misguided opponents, who in some parts of Yorkshire have been able to enlist official influence on their side. Popular appreciation of the value of a great movement, which has for its object the prevention of disease, is apt to become languid unless kept alive by some obstruction, which, releasing from the influence of the reform a certain area, leaves the contrast distinct and conspicuous. Our readers are aware that certain towns in the West Riding of Yorkshire have proscribed vaccination, and afforded thereby an illustration of its value. The small towns of Keighley and Dewsbury have furnished 59 of the 348 deaths from small-pox which occurred in England and Wales during the second quarter of the present year, in Keighley no less than 47 deaths out of 404 being due to that disease. For most of these deaths the guardians of Keighley are morally accountable, and that they are not also legally responsible for them is only an instance of the imperfect way in which sanitary obligations are enforced in this country. The opponents of vaccination have found an advocate, of the usual character, in a member of the Leeds Town Council, who has made serious public charges against the medical officers of the Leeds Small-pox Hospital, of wilful inaccuracy in their reports. The chief part of the charges was so devoid of even the shadow of foundation, as to have been unable to bear repetition. They resolved themselves into an allegation of inaccurate returns concerning 8 out of 720

cases. To these the surgeons to the hospital, Mr. F. Hall and Mr. Libbey, were able to return a conclusive reply, which must have opened the eyes of some of the supporters of the anti-vaccination movement, as far as any opening of such eyes was possible, to the unfounded character of the statements on which their opinion was formed. The *Leeds Mercury* sums up the dispute in a very sensible article, which urges justly the need for some reparation to the surgeons whose character has been thus attacked. Their system of ascertaining the facts of the cases under their care is only liable to error from over-conscientiousness, an endeavour to do honest justice to the question, and their conclusions illustrate the familiar facts concerning the effect of perfect and imperfect vaccination in a very forcible manner.

UNJUST CENSURE OF MEDICAL MEN BY JURIES.

SOME people hold very curious views as to the binding duty of doctors to be ready at a moment's notice in the middle of the night to go anywhere and to anybody. A medical man may be ill, or he may have other cases as binding as the one to which he is called—but he must go; he must do incompatible duties, he must perform impossibilities, he must be in two places at once, he must take no account of the limitation of his own but human strength. Which of us has not been called, exhausted after a day's work or out of a heavy sleep, to do terrible duties, which we would have given five pounds to escape, and for doing which we have received neither thanks nor a fee. Unfortunately there are no coroner's inquests to investigate the neglects of ungrateful patients. But once let a doctor fail in ubiquity, or a patient die without seeing a medical man, and then comes the coroner's inquest, and the chances are that everybody will escape but the doctor who never saw the patient, and who is presumably least to blame for his death. These remarks are called forth by an inquest at Specton, near Hull, on the body of a harvester who died in the stable of his employer, Mr. Wilson, after several days of illness, during which it is not pretended that any advice was sought for him. When he got very ill, too ill to leave the premises, Mr. Wilson sent his groom for a doctor—not his own doctor. The first doctor applied to (Dr. Dawson, of Hunmanby) was engaged with a midwifery case; the second (Dr. Denton) was in a state of temporary exhaustion after an exceedingly hard day's work, requiring him at last to transfer a professional engagement to a friend. Being told that the patient was suffering from diarrhœa, he sent a mixture, and promised to go in the morning. Shortly after the groom returned the poor man died. Then came the easy inquest. No post-mortem examination was made; no medical evidence was asked, though the written opinion of Dr. Denton as to the probable cause of death was accepted as the basis of a verdict. The two doctors were freely censured by the jury, the coroner concurring. This was the more easy as they were absent, and had not the slightest idea that an inquest was being held till they saw the fact and the censure upon themselves in the paper. Their defence is ample, so ample that the jury must have directed their censure to other quarters if the usual English course had been followed, giving men whose conduct is blamed an opportunity of explaining it.

We have particulars of another case essentially similar, reported to us from Middlesborough, in which Mr. Henderson, of Middlesborough, was censured by a jury for not visiting a club patient while he was in attendance on a case of labour. Here, too, the coroner and the jury were unfair enough to do the easy business of censure in the absence of the medical man. This evil is really too bad and too common to be much longer tolerated, and we should advise medical men affected by it to make complaint to the Lord Chancellor.

NEW ACID FOUND IN THE URINE AFTER INGESTION OF CHLORAL HYDRATE.

MUSCULUS and De Merme have recently published, in the *Comptes Rendus*, an account of a curious acid which seems to be formed under the above conditions. Examining the urine of persons who were taking sixty to eighty grains of chloral hydrate per diem, they found it strongly acid, reducing copper solutions and rotating polarised light to the left. The acid is thrown down by basic lead acetate, and forms stellate crystals like those of tyrosine. It is a powerful acid, decomposing carbonates with effervescence, while its salts are unaffected by acetic acid. It is very soluble in water and alcohol, but not in ether, and reduces salts of copper, silver, and bismuth, and decolorises sulphate of indigo. It is said to contain 31·60 C, 4·36 H, and 26·7 Ch. All its salts are soluble in water except the basic lead salt, but insoluble in absolute alcohol. The discoverers propose to call it provisionally *urochloralic acid*. It would seem from this discovery that chloral, like benzoic acid, undergoes material change in the organism, and is excreted in a different form, though some passes unaltered. The quantity of the new acid found was from ten to twelve grammes per litre of urine.

ROYALTY AND TEMPERANCE.

THE gratifying announcement that Her Majesty the Queen would become a patron of the Church of England Temperance Society is followed up by the almost equally gratifying statement that the Rev. Basil Wilberforce has received a letter announcing that his Royal Highness Prince Leopold will become President of the Oxford Branch of the Church of England Temperance Society. The Church of England can do no higher service to this country than by enlisting the sympathy of Royalty and rank in the temperance movement. It is high time that the amount of drinking which goes on, not only in Liverpool, but in all parts of the kingdom, should be abated, as something intensely degrading and disgraceful, having no foundation in either sense or morality, as it certainly has none in physiology. Let us hope that we are at the beginning of a great religious and patriotic effort to increase the temperance of every section of the community. Mere patronage will not do it. But we shall have more assistance in this enterprise from the Royal Family than is implied in mere patronage; and not the least glory of the Victorian reign will be the perception of a great social vice by Her Majesty, and the desire personally to help in its removal.

TREATMENT OF HYDATID DISEASE OF THE LIVER.

THE prevalent belief that simple tapping of a hydatid cyst in the liver is sufficient for its radical cure, owing to the death of the echinococcus following the escape of its fluid contents, is not entertained by M. Verneuil, the eminent surgeon attached to the Hôpital de la Pitié (*Revue de Thérapeutique Medico-Chirurgicale*, August 15th). He believes that the remains of the cyst acting as a foreign body, if they do not suppurate themselves, yet set up suppuration in their vicinity. Recognising also the danger of peritonitis from escape of the hydatid fluid into the abdominal cavity, he does not adopt the so-called method of Recamier—viz., external application of caustic—nor other means of promoting adhesion; but he begins by puncturing the most prominent part of the cyst with a large trocar and canula. He then introduces through the canula a large gum-elastic

catheter. Adhesions take place between the visceral and parietal peritoneum, and, there being constant means of escape, there is no retention of the fluid. Repeated injections of disinfectants, as solutions of carbolic acid or alcohol, are made into the cyst, the walls of which are thus allowed to slowly contract.

THE PREMIER IN A COLLISION.

THE Prime Minister has been in a railway "accident," and, we are happy to be informed, has escaped without injury. The train in which he was travelling came into collision with an engine standing on the rails at a station, and, although the shock was severe, it is said Mr. Disraeli "never raised his eyes from the newspaper he was reading." It is not explained whether this is to be taken as a proof of the Premier's self-possession or of the absorbing character of the article he chanced to be reading. It might be interesting to learn the name of the paper and the nature of the piece of literature which proved so engrossing. At the same time it must not be supposed that the behaviour of Mr. Disraeli, taken by itself, was really so extraordinary as it may appear. A shock may for the moment deprive its victim of the power of movement, and, as a matter of fact, it is exceedingly likely to produce that effect. It does not follow, however, that no worse consequences can ensue from an occurrence of this class. The concussion may be momentary in its effects as it is instantaneous in its production, or it may have a double phase: the first part a mere shaking, like thoughtless nurses inflict on children when with a rough jerk they "quiet" them in the midst of a crying fit; the second, a concussion of the brain or spinal cord within the cranium or vertebral column, which leaves some injury—perhaps small, possibly severe—to the delicate organism so rudely shaken. It is of moment, in the interest of medical truth, that it should be widely understood how dangerous these shakings actually are, and how disproportionate to their immediate effects may be their remote consequences. The circumstance that a traveller is not startled by a collision in which he happens to be included determines nothing as to the result. He may even sleep through the "accident," and yet afterwards suffer evil consequences. We trust Mr. Disraeli has escaped; but it must not be assumed that everybody who exhibits unmoved composure in an accident is uninjured.

BURIAL OF STILL-BORN CHILDREN.

ALTHOUGH the provisions of the Birth and Death Registration Act, 1874, fell short of what was desired by those who wished to secure the strongest precautions against the burial of deceased children as still-born, it is satisfactory to find that cemetery authorities are careful to see these provisions duly carried out. Under this Act, a person who has "control over, or who ordinarily buries bodies in a burial-ground," incurs a penalty of ten pounds by permitting the burial of any deceased child as if still-born. A like penalty is incurred if the body of a still-born child is buried without the production of one or other of three formal documents: either a written *certificate* that the child was still-born, signed by a registered medical practitioner who was in attendance at birth or who has examined the body; or a *declaration* signed by a person qualified according to the Act to give information of the birth, stating that no registered medical practitioner was present at the birth, or that his certificate cannot be obtained, and that the child was not born alive; or, an *order* from the coroner in cases where an inquest has been held. An undertaker recently applied to one of the London magistrates for advice under the following circumstances:—He had taken the body of a still-born child from the Westminster Hospital to the Brompton Cemetery, with a certificate from one of the hospital staff, whose name not appearing in the Medical Register, the cemetery authorities refused to accept the certificate. As these certificates can only be signed by registered practitioners who have been present at the birth, or who have examined the body, it is necessary, in all cases where such a certificate is not forthcoming, to obtain and produce to the burial-ground authorities a declaration of the facts of the case (a form for which may be obtained from the local registrar), signed by the father or mother, or other person qualified to give information of the birth, including any person present at the birth. The provisions now in force, if strictly carried out, will doubtless check to a considerable extent the dangerous facilities which previously existed for burying deceased children as still-born; they err, however, rather on the side of laxity than on that of interposing any unnecessary obstacle in the way of the interment of still-born children. It is desirable that the comparatively new law on the subject should be more widely known and more thoroughly understood.

ABSORPTIVE POWER OF THE SKIN.

A. VON WOLKENSTEIN has recently made some experiments on the skin of frogs, kittens, rabbits, and mice. He divided the skin at the upper part of the thigh, and then withdrew it over the toes; the sac thus formed was filled with distilled water, and immersed in test solutions of various salts. The results obtained were:—1. The skin is permeable to watery solutions, but not for concentrated solutions. 2. Increased temperature augments the absorptive capacity of the skin; in fact, absorption stands in direct relation to the temperature of the fluid. 3. In young animals the skin absorbs better than in old ones. 4. The presence of hair and wool diminishes absorption. 5. Some alkaloids likewise undergo absorption through the skin, and toxic phenomena can be thus induced. The skin of dead aborted fœtuses of the above animals is only permeable at a high temperature.

UNINQUIRING INQUESTS.

WHEN a man, lately left in comparative health, is found dying, with a bottle of prussic acid at his side, his friends cannot complain of a verdict like the following: "That the deceased died suddenly, but from what cause there is not sufficient evidence to prove." This kind of inquest and verdict are reported in the case of Henry Staffell, aged seventy-three, of Glastonbury. The coroner, Dr. Wybrants, did not order a post-mortem, on the ground that he considered it would be of little use. We regret that such a course should have been followed by a medical coroner. The odour of the acid might have been looked for. Its absence would have gone far to remove the public impression that will be left by the doctor's evidence, that in his opinion the deceased had taken some of the acid, though the odour of it was obscured by recent smoking. The presence of it would, of course, have confirmed this impression. As the object of inquests is to give precision to the record of the cause of death in doubtful cases, a post-mortem should not be omitted, especially by a medical coroner.

THERAPEUTIC PROPERTIES OF SALICYLIC ACID.

SOME very important observations by M. Wagner on salicylic acid appear in a recent number of the *Journal für Practische Chemie*. His results are thus summarised by Dr. Stevenson in the August number of the *Journal* of the Chemical Society:—(1) Salicylic acid is superior to phenol (carbolic acid) as a disinfectant for fresh wounds and old

sores. (2) A disinfecting action is insufficient for venereal sores, and corrosion is requisite. (3) In eczema of the head and face, with discharge, salicylic acid is extraordinarily efficacious, presumably because it quickly destroys the contagium. (4) In all cases where fermentative changes occur in the contents of the alimentary canal salicylic acid acts more efficaciously than other antiseptic substances, since it can be administered in larger doses. (5) Its use is highly promising as a prophylactic in all diseases in which it is believed that the morbid processes are connected with microscopic organisms. In diphtheria, not only is salicylic acid a powerful restorative remedy, but it also appears to shorten the course of the disease.

THE PRESYSTOLIC MURMUR AND THE CARDIOGRAPH.

IN an article on the Presystolic Murmur in our issue of September 4th (p. 351), we regret to find that we overlooked the researches of Dr. Mahomed, who has devoted so much time to the exposition of the clinical worth of the sphygmograph. From a letter we have received from Dr. Mahomed, it appears that he anticipated by nearly three years the results obtained by Dr. Galabin in the application of the cardiograph to demonstrate the auricular systole in cases of mitral stenosis. The account of his researches is to be found in his paper on the "Physiology and Clinical Use of the Sphygmograph" (*Med. Times and Gaz.*, vol. i., 1872, pp. 427 and 509), where are given "several cardiographic tracings in cases of mitral contraction, which exactly correspond with those since published by Dr. Galabin." He further adds that "in paper No. 6, pp. 569 and 570, you will find that I have especially pointed out how completely they refute Dr. Barclay's theory." We hasten to bestow honour where honour is due, and regret that Dr. Mahomed's labours should have received no acknowledgment in the article referred to.

THE LATE DR. FREDK. W. HEADLAND.

WE have to record the death of the late Dr. F. W. Headland, at the early age of forty-six. His health broke down about two years ago, and since that time he has lived in seclusion. Dr. Headland distinguished himself as an undergraduate of the University of London, and obtained some of the highest honours in that institution. He was a Master of Arts and Doctor of Medicine of the University of London, and a Fellow of the College of Physicians at the time of his retirement from the profession in 1874. Dr. Headland was senior physician to Charing-cross Hospital, and was well known in the profession both at home and abroad by his work on the Action of Medicines in the System, for which he was awarded the Fothergillian Gold Medal by the Medical Society of London in 1852. He was the author of Lettsomian Lectures on Materia Medica, and of several lectures and papers on subjects of practical medicine, published in THE LANCET.

Although his manner was retiring, Dr. Headland was greatly esteemed by his professional brethren and by those friends with whom he was intimate. In his professional relations he was guided by a high sense of honour and probity.

WILLAN AND BATEMAN.

WE understand that the "Delineations of Cutaneous Diseases" of these two authors, which at one time enjoyed such great popularity, is about to appear in an improved edition; or rather Willan's book is to form the basis of an atlas after having been remodeled so as to represent the dermatology of the present day, and at the hands of Dr. Tilbury Fox. The work will consist of eighteen monthly parts of four plates each, and half of the seventy-two plates will, according to a prospectus in our hands, be new. Willan and Bateman were two able workers of whom English medical science has much reason to be proud, for they undoubtedly "succeeded in reducing for the first time the leading facts of dermatology from a state of comparative confusion into a simple, systematic, and easily comprehended arrangement," and it is so far satisfactory that their chief classical publication is likely, in its improved form, to be available for scientific purposes.

QUEEN'S COLLEGE, CORK.

THE chair of Materia Medica at the above-named College is now vacant. Dr. Macnaughton Jones, who has for many years been identified with tutorial departments of the College, is, we believe, a candidate. Those who have had opportunities of observing the manner in which Dr. Jones always engaged the attention and interest of his pupils must feel that if he be elected he will succeed in making his lectures on Materia Medica and Therapeutics as interesting and profitable as his lectures on Anatomy.

A CLERICAL ERROR.

WE regret that, owing to an unfortunate clerical error, the town of Huddersfield was on the 4th inst. reported by us to be suffering from an outbreak of scarlet fever. It ought to have been printed Hurdsfield instead of Huddersfield. The outbreak in question occurred in the Hurdsfield portion of the borough of Macclesfield. It was the vicar of Hurdsfield —not the vicar of Huddersfield—who refused to close his school when requested to do so by the sanitary authority. We are glad to state that since the school in question has been closed, on the recommendation of the Lords of the Education Department, the epidemic, which at one time threatened to be severe, has considerably abated.

IT is satisfactory to receive information of some improvement, however slight, in the sanitary condition of Simla—a locality on the hills that may be termed the health-resort of India, but which would seem to require an energetic medical officer of health. Thither sick officers and civil servants are sent to regain their bodily vigour; no effort should therefore be spared to enhance the natural salubrity of Simla. According to the Indian correspondent of *The Times*, the cholera epidemic is disappearing, after having caused nearly two hundred deaths, of which number, be it observed, only eight or ten were Europeans. How much remains to be done will be seen when we state that the night-soil is buried in trenches a few hundred feet below the most populous part of the station, and when the wind blows up the hills the stench is intolerable. The drinking-water is said to present occasionally the appearance of milk. The correspondent hopes that the warning of this year will be taken to heart, and that we shall hear no more of cholera at Simla.

THE *Times of India* comments upon Dr. Blanc's report on the last outbreak of cholera in the Yerrowda Gaol, which is stated to be a very interesting contribution to the medical history of the disease. The investigation would seem to establish the conclusion that cholera poison is communicated through water. The Sanitary Commissioner for the district in which the prison is situated insists that the practical lesson to be learnt from the outbreak is the great danger of allowing persons (as is so commonly the case throughout India) to drink water from a river which has been polluted by "dhobies" washing dirty clothes in it, and by other impurities.

THE Commission appointed to inquire into the working of the Factory and Workshops Acts concluded its sittings at Glasgow last Saturday. A good deal of valuable information was given by members of the profession. Among others examined was Dr. Eben. Watson, who expressed his belief, judging from the great number of cases of deficient development in children, that there is a deterioration in the physical condition of the factory population, and that if it were not for the protection of the medical examination and certificate, the race would rapidly and universally deteriorate. He thought the very fact of the surgical inspection of every young worker prevented parents from presenting weakly children. Another physician, Dr. Irvine, was of opinion that the town population would soon die out if they were not constantly recruited from the country.

AN important meeting of dentists was held at Manchester lately, under the presidency of Mr. C. J. FOX, for the purpose of taking measures to improve the position of the dental profession. The following resolution was passed, "That it is desirable that a committee be formed to see what steps can be taken to arrest the continued influx into the profession of illegitimate practitioners, by the adoption of the principles of registration and compulsory education." It was also resolved to authorise the opening of a subscription list to defray the expenses of such committee in making an appeal to Parliament next session upon the subject. We are given to understand that the movement is supported by the leading dentists in London.

IN consequence of the prevalence of cholera in Bangalore a cholera camp is to be established about two miles from the cantonment. All incoming trains will be overhauled by a medical officer, and such passengers as may be suffering from the disease will be detained. Other stringent sanitary regulations have been adopted, which we hope will prove successful in dealing with the outbreak.

IN a report on the Royal Gardens at Kew, Dr. Hooker, referring to the attempts made to acclimatise various plants in other than their native countries, says that the prospects of ipecacuanha cultivation are far less encouraging than those of the chinchona. He recommends, however, perseverance in the cultivation of the former.

WE understand that the outbreak of scarlatina among the children in the married quarters of the Royal Engineers at Chatham has subsided. As a precautionary measure, children living in the recently infected quarter will not be allowed to attend the school of the corps for some time.

IN London last week 1492 deaths were registered, including 2 from small-pox, 25 from measles, 71 from scarlet fever, 5 from diphtheria, 69 from whooping-cough, 26 from different forms of fever, and 190 from diarrhœa. Different forms of violence caused 49 deaths in the period.

FROM Dresden we learn that a serious outbreak of trichinosis has occurred among the military stationed there. In all about 50 soldiers have been attacked. Regulations against the consumption of half-raw pork have now been issued by the authorities.

IT is intended shortly to increase the accommodation for in-patients at the Royal Westminster Ophthalmic Hospital. The surgical staff have suggested an additional storey to the building. Last year 2434 operations were performed in the institution.

FOOT-AND-MOUTH DISEASE.

THE contagio-infectious vesicular fever of animals, commonly known as "foot-and-mouth disease," has for some time been extending more or less rapidly over the country, and is now prevailing to an alarming and most harassing degree. For nearly forty years, when it was introduced into Britain from the Continent, it has prevailed more or less, its virulence being greater, apparently, during the warm weather, and its prevalence more notable when cattle, sheep, and pigs are moved about; indeed, its extension always coincides with the increased movement of animals.

For a long time the disease has been particularly annoying to the cattle-dealers and the agricultural community generally, and there can be no doubt whatever that it has very materially tended to increase the price of meat, not only from the depreciation it occasions in the value of the animals affected, but also from the restrictions it gives rise to on the part of the authorities, who attempt, after a fashion, to check its spread, and in doing so more or less hamper the trade in cattle.

The disease in itself is not at all a serious malady—at least, so far as the mortality from it is concerned,—and this is, perhaps, the reason why no efficient steps have been adopted to extinguish it, as the cattle-plague was extinguished. Indeed, there are few maladies to which animals are liable which require less skill and medical treatment to restore the sick to health than this. Hence we find that the columns of the daily papers teem with remedies, all of which are highly lauded, but nearly all of which are quite unnecessary—some are even hurtful—if the sick animals are properly fed and cared for.

Though so trifling as a rule, yet with young animals, as pigs, it is sometimes exceptionally destructive, and if neglected it may even be productive of much mortality among adults. What renders it a most embarrassing and costly disease is the great facility with which its contagium can be diffused by means of roads, pastures, commons, watering ponds, market and fair places, manure-carts, clothing, creatures not themselves susceptible, railway-cars, cattle-ships, and many other ways too numerous to specify here. There is also good evidence to prove that this contagium is possessed of a considerable degree of vitality, and can withstand the influence of atmospherical changes for a long time. Cattle, sheep, and pigs have also a wonderful aptitude for the reception of the virus, so that but few of those exposed to infection escape; and as the period of incubation is short, and does not vary much, we may have wide tracts of country infected in a very short time if no precautions are taken to isolate the sick and prevent conveyance of the virus. Thus it is that during the pasture or grazing season, when freer communication takes place between herds and flocks, and when strange animals bought at fairs are mixed with the home stock, we have nearly every county suffering more or less extensively, and in proportion generally to its importations, the intelligence and honesty of its cattle-owners, and the energy and knowledge brought to bear by the local authorities.

The damage it causes to fat and milch stock is very heavy, particularly at certain periods. Perhaps it could scarcely be estimated at less than three pounds for a milch cow or fat ox, and ten shillings for a sheep or pig. The pecuniary loss, therefore, becomes alarmingly high in the aggregate. A few days ago it was reported that no fewer than 3186 animals were affected in Bedfordshire; and in West Sussex, during the month of August, 3145 cattle, 7330 sheep, and 156 pigs were stated to have been attacked. In many other counties the number has not been less, and in

some it is steadily increasing. The disease now prevails in England, Scotland, and Ireland; and though the returns of the numbers affected are sufficiently startling, yet they are very far from giving anything like an idea of the extent to which the malady is raging. To our knowledge, farmers and others will not report the existence of the disease if they can possibly help it, and in some counties the local authorities appear to be quite indifferent to its being either reported or checked. It must be remembered that all expenses connected with it are defrayed out of local rates and magistrates, in only too many instances, try to keep these down as much as possible, though their doing so may bring heavy loss upon the community at large.

Then the system of inspection is utterly worthless; the principal agents being the police, who, in addition to their being utterly incapable of performing the difficult task of successfully contending with contagious diseases, are undoubtedly active bearers of the contagium. Competent veterinary surgeons are rarely employed, and these merely to certify to the presence of the disease, not to trace it to its source, to discover how, where, and when it was diffused, and to carry out those sanitary measures which alone will suppress it. Indeed, the whole system is absurd in the extreme, and it is very questionable whether it does not do far more harm than it is capable of effecting good. There is no veterinary organisation to control this or other contagious diseases of animals, consequently our animal losses from them might be reckoned by millions. It is true we have a Veterinary Department of the Privy Council, but it appears to be impotent to do more than issue a few returns which, even if reliable, are of very little value.

The greatest abuses exist with regard to these maladies, the prevalence of which brings forth a class of people who trade upon the misfortunes of others. Butchers, dealers, and others, buy diseased or contaminated stock at a low price, travel it along the public highways, expose it in fairs, journey it by rail or ship, and, except in the rarest cases, without let or hindrance.

Not only is the present trifling with the malady futile, but in several ways it is very unfair and oppressive. For instance, the total absence of any uniformity in attempting to carry out the orders of the Privy Council leads not only to no useful end, but is sometimes a source of hardship, as when the local authorities in a county are very severe and stringent, and those in the surrounding counties are just as remiss. From the want of competent advisers, local authorities are also not unfrequently guilty of most unreasonable acts, which, while they may have no good result, cause nothing but annoyance and loss to individuals.

There is ample proof that Irish cattle are a fertile source of infection, and, though we are continually assured that contagious diseases are very rare in that country, yet we know that stock from it is dreaded by those who have suffered from such a malady as the foot-and-mouth disease or lung plague. The fact is that in Ireland, as in England, the police are the sanitary inspectors of animals, and though it also boasts a Veterinary Department, it is really of as little utility as that in Whitehall-place.

As for "Port" inspection, without other precautions which are not adopted, it is altogether fallacious. Thousands of animals may be, and are, passed as healthy in the very cursory examination to which they are subjected, and yet each might be an active propagator of disease. This more especially applies to Irish cattle, which, even if sound when embarked from Ireland, may nevertheless become infected on board the steamers that carry them across to this country, as these are never properly disinfected; and what between the exhaustion of the animals, the foul air, and the high temperature, we can scarcely doubt that the poison germs, lurking everywhere on board, find a ready and a congenial soil.

Lax as is the traffic between Ireland and England, it is, comparatively, excessively severe with regard to that from foreign countries; and we are certainly of opinion that, looking at the manner in which home and Irish stock is dealt with, foreign importers have much to complain of in the way of unfairness.

The fact is, that unfairness, embarrassment, heavy annual losses, higher and still higher prices for meat, and danger to our own species will be the order of the day until the public takes the matter up, and insists that these diseases shall be dealt with by a central authority, that an efficient organisation like that of Germany shall be instituted to carry out the measures devised by that authority, and that the expenses incurred be defrayed by the country. A tithe of the losses sustained every year from this disease alone would suffice to extinguish it and other animal contagions, and secure to the country valuable services besides. Until this is done it would be better to abolish the Veterinary Department of the Privy Council, and allow its measures to lapse, as they are inefficient, and only stand as a sad evidence of our national method of conducting sanitary affairs.

TOBACCO IN RELATION TO HEALTH.

DR. RICHARDSON, F.R.S., delivered a lecture on this subject before a very large audience at Birmingham on Wednesday evening, the 15th inst. The lecture was delivered in connexion with the Laws of Health class of the Midland Institute. After speaking of the introduction of tobacco to Europe, and its enormous consumption at the present time, the lecturer said: The nature of the luxury forms a subject of discussion on which the extremest views prevail. On one side tobacco has been held up as the most harmless of luxuries; and on the other side it has been denounced as the originator not only of mere functional, but of some worst forms of organic disease. Following out the researches made by himself, he showed the constituents of tobacco smoke and their results upon the human body, and pointed out the effect exerted by different kinds of tobacco. Speaking of the influence of smoking on the mental faculties, he said: When mental labour is being commenced indulgence in a pipe produces in most persons a heavy dull condition; but if mental labour be continued for a long time, until exhaustion is felt, then the resort to a pipe gives to some *habitués* a feeling of relief; it soothes, it is said, and gives new impetus to thought. This is the practical experience of almost all smokers, but few men become so habituated to the pipe as to commence well a day of physical or mental work on tobacco. Dr. Richardson carefully discussed the question whether the practice of smoking could be considered, fairly, as a cause of those fatal diseases, consumption, cancer, and apoplexy. The argument, he stated, was conclusive against this extreme view. The same conclusion was arrived at in respect to insanity, epilepsy, St. Vitus's dance, heart disease, and chronic bronchitis. At the same time, immoderate smoking cannot be carried on without danger, sometimes even to life itself.

Correspondence.

"Audi alteram partem."

WOOD v. THE MANCHESTER, SHEFFIELD, AND LINCOLNSHIRE RAILWAY COMPANY.

To the Editor of THE LANCET.

SIR,—I am unwilling to trouble you with any further remarks on this case, but trust you will allow me to make a few observations with regard to two points mentioned in Mr. Fox's letter last week, because I think they will leave a false impression of the amount of evidence offered on the part of the plaintiff, and of its credibility. And I wish to disclaim altogether the feelings of a partisan in the matter, my former letter being written rather with a desire to represent the medical features of the case impartially, and not from any wish to raise a discussion on its merits from a legal point of view. I thought the doubt which seemed to exist with regard to the state of Peyer's patches, during the different stages of a case of enteric fever, might be of interest, and that perhaps some more definite understanding might be arrived at on the subject. I am glad to find that you think this difference of opinion is worthy the attention of the profession.

Now, with regard to the amount of evidence offered in favour of the view of traumatic meningitis, will you permit

me to draw your attention to the fact that it is not all contained in the report of the inquest, voluminous as it is, which was forwarded to you by Mr. FOX. I was not present at the inquest, and consequently the evidence I gave at the trial does not appear there. I was very anxious not to obtrude anything of a personal nature into my letter, but in consequence of what has fallen from Mr. FOX, I will ask you to allow me to make this short explanation.

I was present at the post-mortem examination only at the request of my partner, Mr. Lister, and should have taken no part in it but that Mr. Morris, who was making it, cut his finger soon after examining the brain, and I then finished the examination. I however watched Mr. Morris in his dissection of the brain, and very carefully noted all the appearances presented. Mr. Morris made the examination in the main exactly as it would be made in a hospital post-mortem room. I knew none of the gentlemen who were present, and had not seen the deceased during his life, and as I did not expect to be called at the inquest, what observations I made were entirely without bias. The appearance of the brain membranes was such as to leave no doubt at all in my mind that acute meningitis had been present, and the facts which I noted were briefly these:—That the arachnoid was inflamed, thickened, and covered with patches of effused lymph; that its layers were adherent, and that there was smearing of turbid serum over the brain. The pia mater was congested, the meningeal vessels turgid—some vascular injection of brain-substance; no effusion in lateral ventricles. There certainly were adhesions between the layers of arachnoid, and I am sorry that Mr. FOX should vaguely hint that when he admitted there were these several "filaments or pieces," not being "blood-vessels," between the layers of arachnoid, he was thinking of the Pacchionian glands. He did indeed attempt to prove that there might be these filaments in the healthy brain, but his friend Dr. Leech was obliged to differ from him about that, as I also believe do the numerous anatomical authorities Mr. FOX has so kindly recommended to my notice. Will you allow me also to point out another difference of some importance between Dr. Leech and Mr. FOX, who both visited the patient together during his life. Mr. FOX discovered a *rose rash*, which gradually became, on being asked particularly about it, an "ill-defined one." It was so "ill-defined" that Dr. Leech could see nothing at all of it.

With respect to the value of the evidence given by me, I have been assured, in a communication from one of the three eminent gentlemen to whom Mr. FOX submitted the evidence as given at *the inquest*, that if my evidence had been given before the coroner, he should have advised the Railway Company not to go into court at all. I therefore feel that the report of the inquest does not convey a correct impression of the relative value of the evidence given at the trial with respect to the "conflict of statements" which appears in the report. I think we none of us perhaps agreed with the *description* which Mr. Morris gave of the adhesions, since he described them as being firmer and more dense than would be the case; but for the truth of the broad facts stated by him, I can only say I had the evidence of my senses, and was in a particularly favourable position for judging correctly.

There are two questions in connexion with this case which seem to me to be the ones of chief interest. Firstly, does any recognised opinion exist with respect to the condition in which Peyer's patches would be found after death on the sixteenth day of enteric fever? Would the absence of ulceration be sufficient to exclude the existence of the fever for that length of time? Secondly, accepting as facts in a case the existence of congestion of patches and of mucous membrane, but not *ulceration*, after an acute illness of sixteen days, together with an undeniable previous history of blow on the head, and severe nervous shock, followed by headache more or less persistent till the time of the acute illness, which acute illness might point either to acute meningitis or to enteric fever, but did point to the former for some time before death, and was treated as such by the medical men in regular attendance, and that after death there was found some evidence of recent and acute inflammation of the membranes of the brain, would not the presumption be very strong that death had resulted from traumatic meningitis?—I am, Sir, your obedient servant,

Doncaster, September 6th, 1875. J. B. WITHINGTON.

SERJEANT WHEELER ON INSANITY AND FRIENDLY SOCIETIES.

To the Editor of THE LANCET.

SIR,—You have done good service to the medical profession and the public by calling attention to what you aptly designate the "singular lucidity of statement" in Serjeant Wheeler's summing up and address to the jury in the recent case before him of Lovell v. Behrens, tried in the Marylebone County Court.

This may perhaps be a fitting occasion also to call attention to a judgment of that learned judge delivered in his then court at Liverpool upon the moot question, so important to the poor, whether insanity was bodily sickness, entitling the members of friendly societies to the benefit of the sick fund. The decision then given to this question has not hitherto been brought with sufficient prominence before the public, although I am glad to say that it is now published in the eighth edition of "Tidd Pratt's Law of Friendly Societies," and will doubtless be extensively read. The state of the question at the time the judgment was delivered was to this effect: that in the opinion of the late Mr. Tidd Pratt, Registrar of Friendly Societies, and other authorities, "Insanity is not to be regarded as bodily sickness, because by sickness is meant a state of bodily disease, and has no reference to lunacy, which is a derangement of the mental faculties."

The judgment of my friend Mr. Serjeant Wheeler was delivered soon after the death of my friend Mr. Tidd Pratt, and is based on physiological grounds, and in accordance with those organic laws of nature, upon a knowledge of which the stability of human laws must depend. "It is necessary," says Serjeant Wheeler, "in considering the question, to bear in mind the natural and essential relations of mind and body. Every manifestation of mind in this life is made by and through its bodily organ, the brain; and the mind is so influenced by the brain that the condition of the former is an invariable index to the constitution and condition of the latter. Hence all causes of temporary or permanent disturbance in the health of those parts of the brain that manifest the mind produce in the same degree the signs of mental derangement, and, *vice versâ*, all symptoms of mental derangement indicate a proportionate disturbance in the sanitary state of the mind's bodily organ, the brain. Some years since, when it was the habit to examine the brain with the aid only of the naked eye, it was not possible in many cases to discover those lesions of brain structure which produce and accompany insanity. But now, by the recent application of the microscope, the minute structure of the brain is revealed, and pathologists can trace distinctly the seat and nature of those morbid changes which are the real essence of insanity. Hence Schroeder Van der Kolk, an eminent German anatomist, says that 'he does not remember to have dissected the brain of one lunatic during the last twenty-five years without finding a satisfactory explanation of the phenomena observed during life.' Dr. A. Combe, in his work 'On Mental Derangement,' lays down this principle: 'Every derangement of function is accompanied by disorder, either in the structure or mode of action of the organ which performs it, and without the removal or cure of which the function cannot be restored to its healthy state.' From ignorance of, or want of confidence in, the fact that the brain is the medium for manifesting mind, our predecessors were contented to regard mental derangement as an affection of the immaterial principle of mind, or as a particular dispensation of Providence which they could not be expected either to understand or to remedy; and, accordingly, while this view continued to influence their practice, all sorts of barbarous and useless measures were adopted against the miserable patients. The latest expression of authoritative opinion upon this subject is Dr. Maudsley's, in his Gulstonian Lectures 'On the Relations between Body and Mind.' That gentleman thus speaks:—'I have given a survey of the physiology of our mental functions, showing how indissolubly they are bound up with the bodily functions, and how barren must of necessity be the study of mind apart from body. I now propose to show that the phenomena of mental derangement bear out fully this view of its nature, that we have not to deal with disease of a metaphysical entity, which the

method of inductive inquiry cannot reach, or the resources of medical art touch, but with disease of the nervous system, disclosing itself by physical and mental symptoms. It seems then that the question is concluded both by reasoning and medical testimony, and it appears to me that insanity is just as much bodily disease as paralysis and apoplexy, which are notoriously affections of the brain and therefore admitted to be bodily disease.'"

The practical issue of this judgment was an order given by the Secretary of State for granting sick allowance in cases of insanity.

I remain, Sir, your obedient servant,

W. U. WHITNEY.

Great College-Street, Westminster.

PAYMENT FOR DISTRICT MEDICAL RETURNS.

To the Editor of THE LANCET.

SIR,—I have received a letter from the Local Government Board, dated Sept. 13th, 1875, acknowledging my report, in which the following statement occurs, which will, I think, be received with satisfaction both by district medical officers and medical officers of health, and points out the wish of the Local Government Board to interpret the new Public Health Act in a just and liberal spirit.

"Adverting to your remark, on page 28 of the Report, that there seems to be no means in the present law of giving a district medical officer remuneration for information respecting sickness in his district, which he may furnish to the medical officer of health, I am directed to state that the Board consider that it is competent for the urban sanitary authority, if they think proper to do so, to enter into an arrangement to pay the district medical officer reasonable remuneration for supplying you, as medical officer of health, with information which you require for the efficient discharge of your duties."

Feeling that the refusal of the district medical officers, both in my urban and rural sanitary districts, to furnish me with returns was purely a matter of principle, in which I myself sympathised, I thought it right to mention the matter in my report, and it gives me much pleasure to find that it has elicited so important a decision.

I am, Sir, yours faithfully,

HORACE SWETE, M.D.,
Medical Officer of Health, Droitwich Rural and Urban Sanitary Districts.

Leamington, Sept 14th, 1875.

PARIS.

(From our own Correspondent.)

MEETING OF THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE AT NANTES.

THE accounts which have reached Paris of the fifth session of the French Association for the Advancement of Science, recently held at Nantes, all speak of the very great success of the meeting. In all the sections members were most active; several important communications were made, and gave rise to valuable debates. Of the proceedings of the medical section I shall give you a special and condensed account in my next letter. In the section of Anthropology the communications of Professors Vogt and Broca were especially interesting.

The local authorities had done their best to enhance the interest and attractions of the Nantes meeting, and all the notable inhabitants of the city of the west and its environs had co-operated in ensuring its success, either by joining as members, or exhibiting private collections of art or science, or sending invitations to their estates, &c.

Many sectional or general excursions were made into picturesque old Brittany, full of prehistoric associations and remains and of present attractions. The Agricultural section visited the School of Agriculture of Grandjouan under the guidance of M. Rieffe, who had invited them to luncheon, and the model estates of M. de la Haye-Jousselin, who, with great courtesy, accompanied them over his grounds.

The anthropologists made two interesting excursions—one to the Lac de Grandlieu, where (*inter parentheses*) they were very nearly arrested by a suspicious *gendarme*, whose mind was made uneasy by the wanderings of these strangers; the other to the renowned commune of Bourg de Batz, a small peninsula between le Pouliguen and le Croisic, inhabited by the descendants of four or five families, and remarkable for the robust vigour and developed stature of the inhabitants, especially the women. As the system of intermarriages is exclusively practised there, the handsomeness and strength of the inhabitants bring out the theory that consanguineous marriages are bad only in the case of diseased or degenerated relatives.

One general excursion was a protracted one: it lasted three days, and included Auray, Lorient, Belle-Isle, Vannes, Locmariaquer, and Gaor Inis. The visit to this last locality was especially interesting, on account of its immense dolmens and the curious hieroglyphic figures with which they are covered, and which have until now baffled the interpretation of savants.

It is decided that the next meeting of the Association shall be held at Clermont-Ferrand, amidst the beautiful mountain districts of Auvergne, and that Professor Dumas, the illustrious chemist, will be president.

CONTEMPLATED CATHOLIC UNIVERSITIES.

Great exertions are being made amongst the religious associations and clergy for the rapid foundation of several universities. As you are well aware, a recent vote of the National Assembly has authorised the establishment of free universities besides those belonging to the State. A council of bishops has been held here, and it has been decided that Paris shall have its free university, supported by the clergy, and including the faculties of law, letters, and sciences, besides courses of medicine. It is expected that the university will be opened in November, one of the clerical organs here, *l'Univers*, asserting that the requisite number of professors and students already exists. The Bishops of Toulouse have also met for the purpose of founding a like university for the South of France, and those of Anger are likewise busy preparing an establishment in the West.

MEDICAL DESCENT OF MARSHAL MACMAHON.

In the last issue of the *Journal des Connaissances Médicales*, there was an interesting piece of news touching the medical descent of the President of the French Republic, who, according to the article, is descended from, or nearly related to, several medical men. Thus his grandfather, Jean Baptiste MacMahon, was a medical man, and a Doctor of the Faculty of Reims; his grand uncle, Dr. Jean MacMahon, was a graduate of Paris; and more recently, his cousin, Patrice MacMahon, also a Doctor of Paris, was Librarian to the School of Medicine of this city.

Amongst the medical talk of last week there are some topics of interest to your readers. Thus it is said that Professor Depaul, who occupies the clinical chair of Accouchements at the Faculty, has been invited to Brazil to assist the daughter-in-law of the Emperor in her approaching confinement. His honorarium will be a handsome one, £10,000, and £2000 for travelling expenses. Duchenne de Boulogne, the well-known promoter of the medical uses of electricity, and the author of the exhaustive treatise on the same subject, is suffering severely from illness. Bouillaud, the veteran clinical professor at the Charité, is contemplating retirement from hospital work, not on account of health, notwithstanding his ripe old age of eighty, but to seek rest and quiet after a life of hard work, crowned by every honour and success. The illustrious physician is full of life and vigour, and his intellectual abilities and powers of oratory are as bright as ever.

Paris, Sept. 15th, 1875.

BEQUESTS, &c., TO MEDICAL CHARITIES.—Mrs. Mary Price, of Woodhatch, Reigate, bequeathed £500 to the Sussex County Hospital, £300 to the Reigate Cottage Hospital, £300 to the Surrey Dispensary, £200 to the Ophthalmic Institution in London, £200 to the Truss Society, £100 to the Medical Benevolent Society, Epsom, and £100 to the Asylum for Idiots, Earlswood. Mr. Charles James Kilpin, of Ossington-street, Bayswater, bequeathed £100 to University College Hospital and £100 to the Hampshire Hospital.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Sept. 2nd and 9th:

Angove, William Thomas, Mount Pleasant, Cambourne.
Dowding, Alex. William Woodman, Leighton Buzzard.
Duke, Herbert, Clapham-road.
Grimwood, Harry Charles, Stowmarket, Suffolk.
Lendon, Edwin Harding, Maidstone, Kent.
Mapei, Luigi Vincenzo, Golborn, Lancashire.
Wickham, Henry, Tetbury, Gloucestershire.
Whitmore, William Tickle, West London Hospital.

The following gentlemen passed the Primary Professional Examination on the same days:—

Alexander Boswell, Geo. Adolphus Boodle, and Thomas Baker, St. Bartholomew's Hospital; Edward Nundy and John Webster, University College; Reginald Paul, Middlesex Hospital; James Taylor Tweedale, Owens College, Manchester.

IT is stated that Mr. Baily Denton forwarded to the corporation of Colchester a scheme for intercepting and treating the sewage of the town, which now falls into the Colne. The cost of the sewage works is estimated at £30,000, and the annual cost of treating the sewage at £2000.

GLASGOW MEDICO-CHIRURGICAL SOCIETY. — The following office-bearers for the ensuing session were elected at a meeting on the 3rd inst.:—President: Dr. James Morton. Vice-Presidents: Dr. D. Richmond (Paisley), Dr. Robert Perry. Council: Dr. R. Stewart, (Coatbridge), Dr. James Scanlan, Dr. Alex. Patterson, Dr. James Dunlop, Dr. D. Taylor, (Paisley), Mr. A. Macfarlan, Dr. Thomas Reid, Dr. T. M'C. Anderson. Secretaries: Dr. Joseph Coats, Dr. Gavin P. Tennant. Treasurer: Dr. Hugh Thomson.

SIR CHARLES LOCOCK'S WILL. — The will and codicil, dated July 22, 1871, and December 7, 1872, of Sir Charles Locock, Bart., was proved on the 18th ult., the personal estate being sworn under £100,000. He gives the various presents received from Her Majesty the Queen, the Emperor and Empress of the French, the Prince Imperial, the Crown Prince of Prussia, the Duc de Nemours, to his eldest son; he also leaves upon trust for him absolutely, as his successor in the baronetcy, £50,000; upon trust for his son Frederick for life, £5000; and the residue equally between his sons, Charles Brodie, Alfred Henry, Sydney, and Herbert.

THE HOSPITAL SUNDAY FUND.—Some little surprise has been expressed at the delay in distributing the fund collected for the metropolitan hospitals and dispensaries on Hospital Sunday, the 13th June last. The fund, up to Monday, and including interest, amounted in the aggregate to £26,703 7s., as against a total of £29,817 3s. 9d. received last year. It will be divided within the next fortnight among 122 institutions — namely, seventeen general hospitals, four chest hospitals, eight children's hospitals, four lying-in hospitals, five hospitals for women, and twenty-one other special hospitals, including dental and homœopathic hospitals, seven convalescent hospitals, one fever hospital, three cottage hospitals, forty-eight dispensaries, and four infirmaries and sanitaria. The arithmetical bases of distribution have been provisionally settled by the committee, but these may probably be affected by the verbal statements which the managers of the special hospitals may make in explanation of their accounts and position. Deputations from twenty of such institutions have, or had, to be seen, and the delay has arisen through the difficulty in getting people together in the holiday season.—*The Times.*

Medical Appointments.

ALLISON, J., L.F.P. & S.Glas., has been appointed Medical Officer of Health for the Bridlington Urban Sanitary District, vice Denton, resigned.

ARCHER, A. L., M.D., L.R.C.S.Ed., has been appointed Visiting Surgeon for Plymouth, Devonport, Dartmouth, Ivy Bridge, and Plympton, under the provisions of the Contagious Diseases Acts (Women), vice Digan, deceased.

BANNISTER, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bedhampton, Farlington, Hayling North, and Hayling South Districts of the Havant Union, vice Stedman, superannuated.

BRAVAN, J., F.R.C.S.E., has been appointed a Surgeon to the Brighton Hospital for Sick Children, vice Johnstone.

BERRY, O. W., M.R.C.S.E., has been appointed Medical Officer for the Lower Wimbledon District of the Kingston-on-Thames Union, vice Johnson, resigned.

CALLAN, P., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been appointed Medical Officer to the Workhouse and Fever Hospital, Ardee Union, Co. Louth, vice M'Iver, deceased.

DAY, Mr. G. C., has been appointed Resident Medical Officer, for a temporary period, to the Notting-hill Provident Dispensary and Maternity, vice Morrill, resigned.

EDWARDS, B., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the East Suffolk and Ipswich Hospital, vice Sampson, resigned, and appointed a Consulting Surgeon.

FENNELL, D., L.R.C.S.I., has been appointed Resident Medical Officer to the Dudley Dispensary, vice Bateman, resigned.

GLEN, J., M.D., C.M., has been appointed Medical Officer for No. 3 Division of No. 3 District of the newly formed Middlesborough Union.

GRAHAM, J., M.R.C.S.E., has been appointed an Hon. District Surgeon to the Royal South London Dispensary, St. George's-cross, vice Verdon, resigned.

HARRIS, W., F.R.C.S.E., has been appointed House-Surgeon and Secretary to the Royal Cornwall Infirmary, Truro, vice James, appointed House-Surgeon to the Hull and Sculcoates Dispensary.

HART, E. J., M.R.C.S.E., has been appointed Medical Officer for the Brighton District of the London, Brighton, and South Coast Railway Provident Society, vice Philpott, resigned.

HEARN, R. T., M.B., L.R.C.S.I., L.M., has been appointed Resident Medical Officer and Hon. Secretary to the Bournemouth General Dispensary, vice Hirons, resigned.

HEDLEY, J., M.R.C.S.E., has been appointed Medical Officer for the D District of the Middlesborough Union.

HOBLEY, S. H., L.R.C.P.L., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Loyal Englishman Lodge of Odd Fellows, Manchester Unity, Southampton.

HOLLIS, E., M.B., C.M., has been appointed House-Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, vice Madeley, resigned.

HOWSON, J. J., L.S.A.L., has been appointed House-Surgeon to the Stockton Surgical Hospital.

JOHNSTONE, A. A. W., F.R.C.S.E., has been appointed a Consulting Surgeon to the Brighton Hospital for Sick Children.

JONES, R., F.R.C.S.E., has been appointed Consulting Surgeon to the Warneford, Leamington, and South Warwickshire Hospital, on resigning as Surgeon.

KEBBELL, W., M.R.C.S.E., L.R.C.P.L., has been appointed Junior Assistant Medical Officer to the Three Counties Asylum, Beds.

KEITH, A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for No. 2 Division of No. 3 District of the Middlesborough Union.

LAIDLER, J., M.R.C.S.E., has been appointed Medical Officer for the No. 2 District of the Middlesborough Union.

LLOYD, S., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Parishes of St. Giles-in-the-Fields, and St. George, Bloomsbury, vice Bennett, resigned.

LONGBOTHAM, G., M.R.C.S.E., has been appointed Medical Officer for the A District of the Middlesborough Union.

LUCAS, H., M.R.C.S.E., has been appointed Medical Officer of Health for the Godmanchester Urban Sanitary District, vice Syson, whose appointment has expired.

MACKENZIE, R. F., M.B., L.R.C.S.Ed., has been appointed Medical Officer for the C District of the Middlesborough Union

M'MILLAN, H., M.D., C.M., has been appointed Resident Medical Officer to the Macclesfield Infirmary, vice Boulger, resigned.

MORRIS, J., M.R.C.S.E., has been appointed a Surgeon to the Warneford, Leamington, and South Warwickshire Hospital, vice R. Jones, resigned.

NALLY, W. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary, Kinvarra, Co. Galway, vice Hynes, deceased.

OWENS, Dr. —, has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballycroy Division of the Achill Dispensary District of the Newport Union, Co. Mayo, vice Roe.

PARKER, W. A., L.D.S. R.C.S.E., has been appointed one of the Consulting Surgeon-Dentists to the Birmingham Dental Hospital.

PEARSON, T. R., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the B District of the Middlesborough Union.

PIERCE, E., M.D., F.R.C.S.Ed., L.F.P. & S. Glas., has been appointed Public Vaccinator for the Llanrhaiadr District of the Ruthin Union, vice Williams, resigned.

POWELL, J., M.R.C.S.E., has been appointed Medical Officer for the Penbryn District of the Newcastle-Emlyn Union, and Medical Officer of Health for the Penbryn Sub-district of the Newcastle-Emlyn Rural Sanitary District, vice Evans, deceased.

ROGERS, E. C., M.R.C.S.E., has been appointed Senior Assistant Medical Officer to the Three Counties Asylum, Beds, vice Dr. Sutherland Rees-Philipps, resigned.

ROSTEN, W. M., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Yardley District of the Solihull Union, vice Warner, resigned.

SAWYER, R. H., M.R.C.S.E., has been appointed Medical Officer of Health for the Shaftesbury Rural Sanitary District.

SEED, W. H., M.B., C.M., has been appointed Second Assistant Medical Officer to the Warwick County Lunatic Asylum, Hatton, vice Peacock, resigned from ill health.

SMAILES, T., M.R.C.S.E., has been appointed Medical Officer to the Borough Police, Honley, Yorkshire, vice Todd, deceased.

SLEIGHTHOLME, J. P., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for No. 1 Division of No. 3 District of the Middlesborough Union.

STAINES, J. F., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed District Medical Officer to the Parishes of St. Giles-in-the-Fields, and St. George, Bloomsbury, vice Bennett, resigned.

THOMPSON, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Higher District of the Aysgarth Union, Yorkshire.

WADE, A. L., M.D., L.R.C.S.I., has been appointed Assistant Medical Officer to the Warwick County Lunatic Asylum, Hatton, vice Woods, appointed Medical Superintendent of the Kerry Lunatic Asylum, Killarney.

WATERWORTH, E. A., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Carisbrooke District of the Isle of Wight Union, vice Wilkins, resigned.

Births, Marriages, and Deaths.

BIRTHS.

ATKINSON.—On the 2nd inst., at Bampton, the wife of J. P. Atkinson, M.D., of a son.

CORLEY.—On the 2nd inst., at Lower Baggot-street, Dublin, the wife of A. H. Corley, M.D., of a daughter.

WATTS.—On the 23rd ult., at Sharnbrook, Beds, the wife of A. N. Watts, L.R.C.P.Ed., of a son.

WEIR.—On the 29th ult., at St. Mungho's, Great Malvern, the wife of A. Weir, M.D., of a son.

MARRIAGES.

BLIGH—SEARLE.—On the 7th inst., at All Saints, Upper Norwood, Samuel Edmund Bligh, M.B., C.M., British Guiana Medical Service, to Eliza Constance, only daughter of Samuel Searle, Esq., of Upper Norwood.—No Cards.

DOUGLAS—ROBERTSON.—On the 8th of April, at Dunedin, Otago, N.Z., T. Kennedy Douglas, M.B., C.M., to Johanna, youngest daughter of the late D. Robertson, Esq., of Friarton, Perth, N.B.

HARRICKS—VOKES-DUDGEON.—On the 22nd of May, at Trinity Church, Port Mackay, Queensland, J. Hugh Harricks, M.R.C.S.E. (son of John Harricks, Esq., Surgeon, of Liverpool), to Christmas Annette, eldest daughter of T. Vokes-Dudgeon, Esq. (late of H.M.'s 99th Regiment), Collector of Customs, Port Mackay.

MUNRO—TAYLOR.—On the 8th inst., at London-road, Kilmarnock, Robert Munro, M.A., M.D., of Kilmarnock, to Anna Black, youngest daughter of Wm. Taylor, Esq.

DEATHS.

ADAMS.—On the 5th inst., at the residence of his nephew (Dr. A. M. Adams), Lanark, W. D. Adams, M.D., F.R.C.S.E., of Hyères, France, and formerly of Edinburgh. Friends omitted will please accept of this intimation.

AGNEW.—On the 3rd inst., at Islington, Liverpool, Wm. Agnew, M.D., aged 72.

BENNETT.—On the 1st inst., at North Shields, Robt. Bennett, Surgeon, aged 29.

BENNIE.—On the 13th inst., at Chatham-place, Brighton, Andrew Bennie, L.R.C.P.Ed.

CRANE.—On the 6th inst., at Leicester, E. J. Crane, L.R.C.S.Ed., Surgeon-Major Royal Artillery, aged 41.

GILLESPIE.—On the 7th inst., at Accrington, Lancashire (of congestion of the brain), John Morris Gillespie, M.D., L.R.C.S.Ed., aged 40. Deeply regretted.

HARRINGTON.—On the 30th ult., at Fisher-street, Swansea, N. Harrington, M.R.C.S.E., aged 44.

HEADLAND.—On the 4th inst., at St. Leonard's-on-Sea, F. W. Headland, M.D., aged 45.

HOOPER.—On the 9th ult., at Battersea, Thos. Robt. L. Hooper, M.R.C.S.E., aged 38.

THRING.—On the 2nd inst., at Batheaston, R. S. O. Thring, M.D., aged 57.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

MAGNIFYING AN OFFICE.

THOSE useful officials, the inspectors of nuisances, are, it seems, aggrieved at the prominence given to medical officers of health under the new Act. They are moved to indignation by having been described as "underlings and henchmen" of the medical officers. We should be sorry to offend the sensibilities of men who, if only intelligent and industrious, will do excellent service; but it may not be tolerated that a class of subordinate and irresponsible officers, who cannot possibly possess the knowledge requisite to enable them to act except under direction, should be allowed to usurp the functions of those above them. Great tact will evidently be required in the management of these officials. They complain that medical officers are sometimes "too overbearing." This is an evil against which there should be a special watch kept by those who desire to live and work pleasantly. The most serious peril we recognise is that which must result from the inspectors playing into the hands of inert or cantankerous "local authorities." Medical officers will do wisely to clear their way of this danger by an early and courteous assertion of the position they occupy. The inspector of nuisances is not the colleague or in any sense the coadjutor of the medical officer of health. He is an independent officer of the local authority, and in so far as he comes into business relations with the officer of health, he is his subordinate. Practically, the inspector of nuisances is a person whose duty it is to look after and report minor matters affecting the health of a district. The more important concerns of the district are all under the sole superintendence of the medical officer, and for their due administration he is personally responsible. There can be no sharing authority with the inspector, and we venture to hope so unprofessional a course of conduct will not anywhere be adopted or allowed.

Mr. Geo. Fenton.—Any guardian may sit upon a general or special committee to which he has been regularly elected by his colleagues, but not otherwise, and none other than those so elected can attend or vote.

Dr. R. Caton, (Liverpool.)—We shall be very happy to receive it.

ILLEGITIMATE MORTALITY IN GLASGOW.

THE vital statistics of Glasgow, as handled by its medical officer of health, Dr. Jas. B. Russell, are full of interest which is more than local, and contain valuable information illustrative of the waste of life in large towns—information that may be looked for in vain in nine out of every ten medical officers' reports. Dr. Russell's report for the year 1874 includes some very suggestive figures bearing upon the infantile mortality of illegitimate children. During the year 1785, illegitimate children were born in the city equal to 8·5 per cent. of the total births; this number and proportion differed but slightly from those in recent years. Infant mortality in Glasgow during 1874, measured by the proportion of deaths under one year to births, was equal to 16·0 per cent., against 15·5 in London, 20·0 in Leeds, 21·5 in Leicester, and 23·3 in Liverpool. Among the infants born in wedlock the mortality, measured in this manner, was equal to 14·9 per cent., whereas among the illegitimate infants it was equal to 27·7 per cent. If the mortality among the illegitimate infants had been at the same rate as prevailed among those born in wedlock, the deaths of illegitimates, under one year, would have been but 266 instead of 495; in other words, 229 infants under one year of age died in Glasgow, victims to the accident of their being born of unmarried women. In four of the registration subdistricts of Glasgow the proportion of deaths of illegitimate infants under one year, to illegitimate births, exceeded 30 per cent., and in one was equal to 32·7 per cent. It is to be regretted that information on this point is not more frequently given in English health reports, more especially as statistics of this character, beyond serving as a wholesome check upon much indirect infanticide, afford the means for discovering the localities in which baby-farming may be carried on.

Mr. Thomas Walley, (Edinburgh.)—Declined with thanks.

VIVISECTION *v.* SPORT.

To the Editor of THE LANCET.

SIR,—Now that the vivisection question is in a fair way of being settled, it would be well if Lord Hartismere or some other of the philozoists would extend their sympathies to another class of suffering creatures—viz., those which are subject to *torture* as objects of *sport*, or in the course of preparation as articles of food. It is well known that every year thousands upon thousands of game birds, hares, and rabbits, are more or less mutilated without being killed outright; that they escape into cover, riddled with shot or with shattered limbs, to die a lingering death of torture, or in some few instances to recover, after a long period of suffering, with crippled legs or wings. Who has not seen, after a *battue*, hares and rabbits limping away on three legs, and found them afterwards with the broken bones protruding? Who has not at the table met with instances of bones of game animals wonderfully united by overlapping of the broken ends? Did they ever think of the amount of misery these poor creatures endured? So with pigeons at a match. How many escape to die in solitude? But we are told that this is sport, and sport is necessary. Therefore the torture of these animals is allowable! Well, take the case of sheep which the farmer puts on his turnips to eat off the tops, and, in order that they may not eat the roots, breaks off all the front teeth. Is there any cruelty in this practice? Or the frequent bleeding of calves to produce white veal. Would it come within the sphere of the Vivisection Committee, after considering with Mr. Leo Hunter the claims of the "expiring frog," to turn their steps to the nearest fish-market, and watch the operations of an old fishwoman chatting to her neighbour and skinning eels? See her deliberately cut off the brute's head; then turn to make a remark to her friend; then drag the skin half way down the body; another bit of gossip, and so by degrees the skin comes off. Is the eel dead the while? By no means—writhing and twisting about, and full of life (of a sort) for hours after. But then this is not an experiment. At any rate, if it is, a physiologist must not make it.

It would be easy to multiply examples of torture far exceeding in amount and degree anything that is done by physiologists; and while admitting that experiments should be conducted with as little cruelty as possible, and always under the influence of anæsthetics, it is not easy to understand why the same measure of mercy should not be dealt out to a far more numerous class of sufferers. In the terms of Lord Hartismere's Bill, why should not "the performance of vivisection (for sport) require a special licence at the cost of £10?" "with power to a justice of the peace to issue a search warrant," and with a "definition of the term 'vivisection.'" Why should not the Bill be entitled "A Bill to Prevent Abuse and Cruelty in the Destruction of Animals for the purpose of *Sport* or Food"? By it any person for these objects may torture a live animal, "provided that the animal be first *made insensible* and killed afterwards." "Licensed persons may torture without the use of anæsthetics, provided certain conditions are complied with—viz., that the operation is solely for the purpose of *sport* &c., and that insensibility would frustrate the object," &c. &c. "A register of all such tortures is to be kept," &c.

I would commend this subject heartily to the consideration of the Vivisection Committee on the termination of their present labours.

I am, Sir, yours truly,

September, 1875. A GAME BIRD.

HOLIDAYS.

Mr. T. F. Sagar approves of our views on holidays for medical men, and thinks they should be good ones—not for a night or two. He points out the difficulties, of which the difficulty of getting a good *locum tenens* is one of the greatest. This is true; but the difficulties are not insuperable.

Mr. John Milne.—We should have been glad of the newspaper reports of the case. For purposes of comment these are preferable to private reports. It will be seen that the case is noticed in another page.

A. B.—We see no harm in the notice to which our correspondent objects. It can serve no private end.

Mr. Bollon, (Doncaster.)—Apply to Messrs. Baillière, medical publishers, King William-street, Strand.

J. A.—We never recommend a particular physician or surgeon.

DEATH OF A CHILD FROM URÆMIC POISONING.

ON Tuesday, the 31st ult., Mr. Donaldson, the deputy coroner for East Middlesex, held an inquiry at the "Lord Cecil" Tavern, Lower Clapton, into the circumstances attending the death of a child named Henry Vincent Gurney, aged four years. Mr. Thomas Gregory Gurney, the father of the deceased, residing at 52, Rushmore-road, and a clerk in the Law Institution, stated that the child about four months ago suffered from congestion of the kidneys. Last June twelvemonth he had scarlet fever, and before he was two years of age had hydrocele, which was followed by his becoming ruptured. Witness named the medical men who attended the deceased, and added that on the 27th ult. he appeared worse, and he (witness) administered some simple remedies, but had no reason to suppose when he left home that the child would die in the meantime. Upon his return that evening, however, he learned that death had taken place about half-past six o'clock. Dr. Joseph, assistant to Dr. Aveling, said that a few months ago the deceased was treated for Bright's disease, and seemed to get a great deal better. There had been no post-mortem examination, as witness was satisfied death was due to uræmic poisoning from disease of the kidneys. The jury returned a verdict in accordance with the medical testimony.

Mr. C. E. Garman.—As our correspondent says a communication has been made to the "proper channel," we cannot further interfere in the matter.

"TWO UNUSUAL CASES."

To the Editor of THE LANCET.

SIR,—A correspondent, writing from Berwick, and signing himself "M.D.," sent me, through the medium of the halfpenny post, a card to the effect that in my report of "two unusual cases" in THE LANCET of the 14th ult., Case 1 was epileptiform, and the fractured acromion the result of the kick of a horse frightened by the coachman falling down. He states, in addition, that the "bitten and bleeding tongue *clearly points* to an epileptic seizure"; that, "unless the patient be put under the influence of bromide of potassium, he will most probably have another similar seizure ere long, irrespective of any injury"; and concludes with, "If so, pray say so in THE LANCET."

Now, Sir, more than six weeks have elapsed since the accident (no great length of time certainly), and I was last Sunday informed by Dr. Elliott, in whose practice the case occurred, that no sign of epilepsy had yet presented itself. Added to this, I, when called in on the morning of the accident, before examining the body of the patient for injury, very closely questioned the man and his friends as to the occurrence or non-occurrence of fits of any description—the possibility, nay, further, the probability, of epilepsy being *then* uppermost in my mind; but neither in the past history of the man nor up to this date has epilepsy or any form of seizure existed. I am constrained, therefore, to adhere to my former opinion; and so far from the bitten and bleeding tongue *clearly pointing* to an epileptic seizure, it, to my mind, most distinctly indicates that such complications may, and, as we *nearly* all know, do, in many instances, result from the application of sudden violence, altogether apart from and foreign to epilepsy.

I have replied to "M.D." somewhat sooner than he desired me; but the performance of two duties suggest themselves—1stly, to explain that "M.D.'s" view had only been by myself relinquished when I no longer had reason to retain it; and 2ndly, to bring before the notice of "M.D." what appears to me a great error on his part. I think that "M.D." would not have, on maturer reflection, addressed any description of *anonymous* communication to any individual, especially one *uncovered*, and *upon a professional subject*. I am willing to presume that it was done unthinkingly; but if not, the habit of doing so savours either of ignorance and a want of knowledge of the world, or of discourtesy, and occasionally gives rise to considerable inconvenience and annoyance. Most decidedly, I think, correspondence upon such subjects should be forwarded under cover. Moreover, what a person or individual objects to put his name to, should not be written, still less sent.

I am, Sir, your obedient servant,

EDWARD C. ANDERSON, B.A. Caius Coll. Cambs.

Catford Bridge, Sept. 6th, 1875.

A Young Surgeon.—It is not easy to reply to our correspondent's query. We do not think a medical witness is strictly entitled to more than a guinea per diem, no matter how many cases he may have to attend at a particular sessions; but in practice he will probably receive a little more than this, as he would have something with each subpœna, and the sum for daily attendance would probably be apportioned between the several cases.

THE YEOVIL CASE.

As this is *sub judice*, our correspondent must excuse us from going into the matter.

A GROWING EVIL.

To the Editor of THE LANCET.

SIR,—The enclosed card was placed in my hands by the husband of one of my patients, recently confined. It is evident these cards are posted off to all names appearing in the list of births in the daily papers, and must in some cases work very detrimental to the cause of vaccination. This is worse than quackery, and a proper case for the Medical Council to take up and prosecute, not only in support of our profession, but to prevent the public being misled by such deceitful means. If such slurs and the persistent infringements by quacks upon our profession are allowed to continue without a decided check, what use is there in our registering and paying our five-guinea fee? These fees are supposed to form a fund which should be used by the Medical Council to suppress quackery of all sorts and support the professional status. If not, the sooner the Medical Council is put in possession of such powers the better.—Yours faithfully,

Rickmansworth, Sept. 7th, 1875. RODERICK W. HENDERSON.

*** The enclosure is an offensive post-card, signed by "W. Young, Hon. Sec. to the Society for Suppressing Compulsory Vaccination." It is quite beneath notice.—ED. L.

THE CULINARY ART.

THE School Board of London has arranged to have 300 girls selected from its schools taught cookery by the teachers of the National Training School in two centres—one in Marylebone, the other in Greenwich. Five free Scholarships in this much neglected but important branch of knowledge are offered by the Society of Arts, and the Education Department gives 4*s.* a year to public schools on behalf of each girl taught cookery according to the recognised code. Thus we shall by and by, it may be hoped, lessen the great disparity which subsists between ourselves and our French neighbours in the matter of the skilful and economical preparation of food.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—If any unprejudiced person were to judge of the condition of the Army Medical Department from the letters and articles that have lately been written about it in THE LANCET and other periodicals, or even from some of the speeches in Parliament during the last session, he could hardly avoid coming to the conclusion that the medical officers were dissatisfied, and had good reasons for being so. Nevertheless, the "authorities" not not only seem to be indifferent to any existing causes of discontent, but have just gone out of their way to devise an altogether new source of irritation. I refer to clause 125 of the War Office Circulars for the present month, a copy of which I shall presently subjoin, lest the new rules concerning the sick leave of medical officers should not have attracted your attention. Hitherto medical officers, when placed on the sick-list, have enjoyed the same privileges as regimental officers, and have neither been mulcted in pay nor subjected to curtailment of their ordinary leave on account of any time that they may have spent on the sick list. But the object of this new regulation appears to be to deprive them of this advantage. If a medical officer hereafter should suffer from illness—say typhoid or any other fever,—and should be compelled thereby to remain for more than a month on the sick-list, even though such illness may have been contracted in the performance of his duties, he would by this regulation be liable to lose not only his pay and allowances for all sick time exceeding one month, but also a portion of his privilege leave, unless the general or other officer commanding recommended that this part of the order should not be enforced. Nay more. To those who are acquainted with the form upon which the pay and allowances are drawn, it will not appear at all improbable that these penalties will fall upon any medical officer who may happen to be sick for more than thirty days altogether in any one year; for the vagueness of the order is evidently open to this construction. We can well imagine the air of surprise and innocence with which medical officers, when they complain of this new order, will be told that they are only placed in the same category with other departmental officers, and that therefore they have no special or legitimate grievance. Such arguments have been used before, and are well suited to throw dust in the eyes of those who are not already sceptical as to the value of official statements. But it cannot be denied that, although it may please the authorities to style the medical service of the army a "department," this restriction of sick time is an *innovation* as regards the medical officers, whatever it may be with respect to the officers of other departments. After all, what are the other departments? They are the chaplain's department, the control department, the clerks of works, and a few others. But the medical officers are not on the same footing with chaplains, control officers, and clerks of works, either in respect of their duties or of their liability to tropical service. A chaplain, for example, will seldom require to go on the sick-list, for he must be very ill indeed to be incapacitated for the performance of such duties as ordinarily fall to his lot during the week; and even if he should require to declare himself unequal to his Sunday's duty, it would be seldom that he would remain on the sick-list when the Sunday had passed. Nor are the duties of the control officers usually such as require a large expenditure of mental or bodily energy. Probably the majority of the control officers do their work in comfortable offices, where they are not exposed to the weather, and where they have no difficulty in postponing until the morrow any task to which they may feel themselves unequal to-day. Neither control officers nor chaplains have any night work, except on the rarest occasions, and whenever they are ailing they may very certainly calculate on a whole night's rest in bed. With the medical officer all this is very different. Ill or well, if not on the sick-list, he is liable at any moment to be called upon to face the gravest emergencies. He has no power of choice; he cannot postpone his serious case for to-morrow's consideration; nor can he excuse himself from turning out of his warm bed in the middle of the most inclement night when called upon by those who are entitled to his services. Again, neither control officers nor the chaplains are required to serve in India; and it is Indian service, as is well known, that breaks down the health of the medical officer and shortens his life. Lastly, neither chaplains nor control officers are exposed to the contagion of disease as medical officers are. For all these reasons it is manifestly most unjust that a restrictive rule, which has hitherto been applied only to *quasi*-civilians, should now be brought to bear upon those so much exposed to the causes of disease as medical officers.

However, it is perhaps fortunate that this season of the year has been chosen for the announcement of this innovation. The medical schools are about to reopen, and medical students will now be deciding as to their future career. Let us hope that the professors and teachers in their introductory addresses will warn all medical students against entering the medical department of the army—a department in which service is now neither pleasurable nor profitable, and for which there is clearly no prospect of better things.

I am, Sir, your obedient servant,

September, 1875. CLIMAX.

Copy of Clause 125 *of Army Circulars, September*, 1875.

"SICK LEAVE OF DEPARTMENTAL OFFICERS.—1. When a departmental officer is sick at his station, whether in hospital or quarters, his absence from duty on account of sickness will be recorded in the form upon which his pay and allowances are drawn, *but no loss of pay or allowances will be entailed by such absence*, if duly certified by a medical officer, and *if not exceeding one month in duration*. This absence on account of sickness need not be included in the period of leave with pay allowed by Articles 442 and 448 of the Royal Warrant of 27th December, 1870, if the general or other officer commanding at the station considers that the circumstances of the case warrant such a concession."

N.B.—The original is not in italics. See Army List for September—Appendix.

MEDICAL AND RELIEVING OFFICERS.

IT is a monstrous anomaly of the law that in the administration of medical relief the medical officer is at the mercy or the discretion of the relieving officer, who has power to withhold articles ordered by the doctor. This relation has been the very proper subject of discussion by the Guildford Board of Guardians. They resolved to remind the relieving officer of a resolution passed by the Board in 1873, to the effect that when a recommendation given by the medical officer is refused by the relieving officer, the matter should be reported by the relieving officer to the Board. Relieving officers, as one guardian said, should be very particular in granting medical orders, and when they give them they should have very good reasons for refusing to honour the recommendations of the medical officer.

Sigma.—Our correspondent can recover for medicine and attendance. We cannot at present refer him to a case in point.

T. T.—Consult the advertising columns of this journal.

Dr. Charles White is thanked.

Mr. J. Cruickshank.—It would be against our rule to comply with our correspondent's request.

W. L. H. will find a good account of jungle fever in Reynolds's "System of Medicine," vol. i., art. "Remittent Fever."

FILTH AND FILTERS.

To the Editor of THE LANCET.

SIR,—The article in your issue of Sept. 4th on "Concentrated Filth" aims such a direct blow at the system of water-filtration that we hope you will allow us a small space for a few explanatory remarks.

There can be no doubt that the present condition of the water-supply of London is all that you describe, and that the whole system of drawing water from a polluted source is a disgrace to our civilisation. Although the Water Companies nominally comply with the Act of 1852, and filter the water before delivery to the consumer, the mode of filtration adopted is so unsatisfactory that, as you justly observe, "it seems intentionally designed to ensure a subtly impure condition" of the fluid. We have in our possession samples of water drawn *directly from the mains* of five London Companies on the 3rd of May last. These samples were placed in well-stopped bottles, and when first drawn were all tolerably clear; but after standing for a few days they began to develop a large number of animal and vegetable organisms, and at this moment present the appearance of the foulest, stagnant ditch-water. It is therefore evident that the water must have contained a quantity of germs which the filtering process failed to remove, and such water stored in a cistern which the householder is too apathetic to have cleaned out, must soon get into a condition more easily imagined than described.

Of course there are plenty of people ready to suggest a remedy for the evil; and judging from the schemes which make their appearance from time to time, it would seem the easiest thing in the world to bring pure water enough from Wales or Cumberland, at a trifling cost of fifteen or twenty millions of pounds, to supply the daily necessities of four millions of human beings. But it is probable that we of the present generation shall all be in our graves before this desirable improvement can be brought into operation, and therefore paterfamilias of the period must make up his mind to put up with his present supply, and do the best he can with it under the circumstances.

Now, assuming that the house-cistern is kept scrupulously clean, we still find that the water when delivered contains sufficient impurity to render it unfit for human consumption, and the question arises, "What is the most practicable way of dealing with it so as to prevent all risk of disease resulting from its use in the household?

We all know that perfectly pure water is only to be obtained by distillation. But can distillation be made available for general purposes, and, if so, who would care to drink water so distilled? We are, therefore, thrown upon domestic filtration as the only available method of purifying our drinking-water, and that this method may be made *perfectly efficient* in depriving water of every injurious property is as capable of demonstration as that two and two make four.

Standing by the side of the bottles of water above mentioned is one containing the same water after being passed through a silicated carbon filter; and although three months have elapsed since this was done, the sample is still brilliantly clear, and will bear the most severe chemical examination, without showing the least indication of organic matter. Properly constructed, and capable of being cleaned at short intervals (every day if thought necessary), the domestic filter is the *only* apparatus at present known by which water can be effectively purified *immediately* before use; and wherever this is done, and the head of the household will take the trouble occasionally to see that his filter is kept clean, he can afford to wait patiently for a solution of the difficulty as to a better supply for the metropolis. We are, Sir, yours faithfully,

London, Sept. 6th, 1875. THE SILICATED CARBON FILTER CO.

FLOWERS versus FEVER.

THE healthful influence, both physical and moral, of the presence of flowering plants, is strongly insisted on in the last report of Dr. ROSS, medical officer of health of St. Giles's district. This influence is referred to the power possessed by odoriferous plants—as the mints, lavender, mignonette, wallflower, &c.—of developing ozone, and in this way of assisting in the destruction of miasmatic poisons. The obvious inference is that, especially in crowded localities, the cultivation of sweet-scented plants should be encouraged to the greatest possible extent, in windows, forecourts, and little back yards. In the same report Dr. ROSS testifies to the improved sanitary condition of the district in which he labours.

Surgeon.—We would advise our correspondent to communicate with the compiler of the Directory.

Campbell.—Society for the Relief of Widows and Orphans of Medical Men, Berners-street, London.

Dr. Kitchener has no cause to complain. The Company is not liable, as they put him upon his guard.

A Trustee.—Without seeing the site, and comparing it with other available sites, it would be extremely difficult to pronounce a definite opinion. The source of the water-supply is not mentioned. Speaking generally, it is obviously preferable to avoid the immediate vicinity of a cemetery; but the site in other respects appears to be a good one.

A. W.—It is a reliable text-book.

Mr. Geo. Fleming (Chatham) is thanked for his courtesy.

CHOLERA.

To the Editor of THE LANCET.

SIR,—A case of cholera such as I have never before met with has occurred in my practice, the symptoms of which were so very like those of Asiatic cholera that I think it worthy of a place in your journal.

On Thursday, Aug. 26th, about 9 P.M., I was sent for to attend H. F——, residing in a colliery village about two miles from my residence, who I was informed had been ill with purging and vomiting since the night before. I found him to be a thin, wiry-looking man, aged fifty-five years. The symptoms then were purging, the stools being of a rice-water character, and vomiting of a greenish, bitter fluid. The pulse was small and weak; the surface was cooler than natural, and covered with clammy perspiration; the tongue was thickly coated with a white fur, and the tip and edges were of a dull red colour. I was informed that during the day he had been severely cramped in the legs, and that large lumps had formed on the calves. I ordered a large mustard plaster to be applied to the bowels; a mixture composed of a weak solution of soda and prussic acid, with chloric ether; and pills containing a grain of opium in each, one to be taken every two hours. The diet I ordered to consist of milk, with brandy and lime-water. On Friday morning the vomiting had entirely ceased, and all the symptoms much improved. On the Saturday he felt so well as to have (contrary to my instructions) resumed his usual diet. On Monday night I was again sent for, and was told he was then worse than before. I went, and found this to be indeed the case. The vomiting, purging, and cramps had again set in; the pulse was scarcely perceptible; the surface was quite cold, and covered with perspiration; the features were sunken, and of a dusky hue; his voice was altered much, being low and husky; his tongue was cold to the touch, and thickly coated; his urine was suppressed, he having passed none all day; his intellect was quite clear, and he answered all questions readily. A mustard plaster was again placed over the bowels, and the previous treatment resumed. Hot bottles were also placed round his body. Thinking the bladder might contain urine, I used the catheter, but to no effect. I was particularly struck with the difficulty in passing the instrument, owing to a spasmodically contracted state of the urethra. On Tuesday morning I again saw him. To all appearance he was then dying. There was no pulse at the wrist; the surface was intensely cold, as was also the tongue; the vomiting had ceased, but the purging continued; the stools were still of a rice-water character, having a most offensive odour. During the night he had passed no urine. I ordered a mustard plaster to be laid over the kidneys, and brandy and milk to be continued. At 11 P.M. he had a fit, which was followed by others until 6 A.M. this morning, when he died.

I am, Sir, yours &c.,

W. BENNETT, L.R.C.P. Edin., &c.

Chester-le-Street, Durham, Sept. 1st, 1875.

A Constant Reader of THE LANCET, (New Zealand.)—There is little doubt that it constitutes a nuisance.

Mr. Needham is thanked for the newspaper cutting.

CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—Will you kindly insert this letter in your next issue, that I may have the opinion of any of your readers on the matter, and I should be glad if you would also yourself express an opinion.

A. B——, multipara, was confined on the 16th ult. of a living child. No medical attendant had been retained, nor had a midwife. However, a midwife was fetched, who arrived about three hours after the child was born, and she removed the placenta. There was considerable loss of blood at the time, estimated at from one to two gallons. The midwife saw her twice during the next few days, and though the woman was not progressing favourably, it was attributed to "weakness," and no demand was made for further advice.

I was called to see the patient on the 25th ult., the tenth day after confinement, when I found her perfectly exsanguine, skin the colour of parchment, pulse 153, and almost moribund. I expressed an opinion to the mother and sister (who nursed her) that the case was hopeless, and that they had been guilty of gross and culpable neglect in not procuring medical aid sooner. The woman died on the 29th, the fourth day of my attendance.

Instead of certifying the cause of death to the registrar (who is an old medical practitioner in the place), I sent him a brief sketch of the case, in substance like the foregoing, concluding by asking him to "decide as to the propriety of an inquiry, or whether a certificate should be given in the usual form." To this he replied, "If you were her only or last medical attendant, it is your duty to state the cause of death on the usual form." This I at once did. Next day I received a note from the surgeon registrar, saying, "I am unwilling to take the responsibility of deciding in the case, and have therefore written to the coroner, enclosing your letter, my answer, and the certificate of death." The coroner replied, "On reading all the letters, I do not think it necessary to hold an inquest."

Now, Sir, the point on which I solicit your opinion is, whether it is not clearly a case in which an inquest should have been held—not to elucidate the cause of death, as that was perfectly clear, but to apportion the blame in such a patent case of neglect; for, as I take it, the woman's life was lost simply from the lack of timely medical aid, and this was virtually admitted by those who nursed her. It also forcibly illustrates the great want of certified midwives, as no doubt many lives are annually lost through the present ignorant female practitioners of the obstetric art.

I am, Sir, your obedient servant,

September, 1875. FIAT JUSTITIA RUAT CŒLUM.

*** Supposing the above to be a perfectly correct narrative of the facts, we entirely agree with the writer of this letter, and think the coroner was very much at fault in not investigating a case which illustrates the lamentable ignorance of midwives, and the hard case of puerperal women in the poorer ranks of life.—ED. L.

SHIP SURGEONS.

M.D. would be glad to be introduced to a *confrère* in London who has made voyages to the colonies as ship surgeon, and who would kindly give some information which is desired.

Nemo (Liverpool) will find the subject commented on rather fully in our number of August 7th.

ARMY MEDICAL EXAMINATION.

To the Editor of THE LANCET.

SIR,—Allow me to correct an error in your remarks of the 4th inst. relative to the candidates for the A.M.D. examination.

There were 22 candidates. One failed physically, one retired from the examination, 4 failed to pass the qualifying test, and 15 were accepted; of whom one at least did not obtain the number hitherto necessary to pass—viz., 1500, or half the total possible, 3000. The vacancies, as per Army List and Army Estimates, are fully 40. The navy had 3 candidates: one failed, 3 passed, and 3 have been taken who *qualified* for India, but for whom there were not vacancies. For India there were 10 vacancies, 30 candidates, all qualified. What a contrast! Yours truly,

September, 1875. A. M.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. H. Smith, London; Mr. Hutchinson, London; Mr. G. Lawson, London; Mr. Teevan, London; Dr. Woodman, London; Mr. Burdett, Greenwich; Dr. Bland, Macclesfield; Mr. Walley, Edinburgh; Mr. Andrew Clark, London; Dr. Dunlop, Alderton; Mr. Grainger, Stoke Newington; Mr. Garman, Bow; Dr. Mahomed, London; Mr. Maskell, London; Dr. Denton, Bridlington; Mr. Morris, Leamington; Dr. Eddison; Mr. Hewetson, Leeds; Mr. Solomon, Birmingham; Mr. Bollon, Doncraile; Mr. Fenton, London; Dr. W. H. Jones, London; Mr. Wigner, London; Mr. Ellis, Newcastle-on-Tyne; Mr. Cripps, Cirencester; Mr. Hastings, London; Mr. Henderson, Rickmansworth; Mr. Bramwell, Newcastle; Dr. Kitchener, Middlesborough; Dr. Smith, Glasgow; Messrs. Levy and Co., Dundee; Dr. Dobie, St. Andrews; Messrs. Cruickshank and Co., London; Dr. Tattersall, Clayton-le-Moors; Mr. Martin, Paisley; Mr. Nelham, Poplar; Mr. Dence, London; Mr. Broome, Ruabon; Mr. Biggs, Salisbury; Dr. Hall, London; Mr. Geo. Fleming; Mr. Francis Headland; Mr. Bradley, Manchester; Dr. Arches, Stoke; Mr. C. J. Walsh, Castlebar; Mr. Dickson, Bristol; Dr. Swete, Leamington; Mr. Lupton, Stratford-upon-Avon; Dr. Royle, Milnthorpe; Dr. Jamieson, Fort Edward; Dr. Leftwich, Ratcliffe; Messrs. Reed and Co., New York; Mr. Hewitt, Cork; Mr. Wilson, Peterborough; Mr. Weston, Newton Abbott; Mr. Evans, Birmingham; Mr. Collins, Bristol; Dr. Buck, London; Mr. Thorburn, Cockermouth; Dr. Malcomson, Middlesborough; Mr. Elliot, Scarborough; Dr. Dalby, London; Dr. Allen, London; Mr. Rogers, Baldock; Mr. Callard, Bridgnorth; Mr. Smith, Shepton Mallet; Dr. Faber, Wurtemburg; Dr. Allt, Beckley; Mr. Maclehose, Glasgow; Mr. Robinson, Denbigh; Mr. Shone, Great Marlow; Mr. W. R. Smith, Winchester; Mr. Powell, Rhydlewis; Dr. Cameron, Glasgow; Mr. Sagar, Leeds; Mr. Wisken, Brighton; Mr. Legge, Aberdeen; Dr. Hetherington, Downpatrick; Mr. Holderness, Huntingdon; Dr. Taylor, Nottingham; Dr. Chance, Sydenham; Mr. Jolly, Birmingham; Mr. Ingles, Worcester; Dr. Lammeman, Tunbridge Wells; Mr. Vachell, Cardiff; Mr. Manners, Hull; Mr. Messer, London; Juvenal; A. B.; E. H.; Climax; Frater; L.S.A.; M. A. H.; M.D.; Fiat Justitia; The Director-General of the Medical Department of the Navy; Campbell; Subscriber; Surgeon; Pelham; A. Z.; A Young Surgeon; Chirurgus; M.B.; A Trustee; Quidam; G. H. O., Aberford; Not Cerberus; A. W.; Somers Town; Hope, Jubbulpore; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Lawrence, London; Mr. Slimon, Hackney; Dr. Long, Hackney; Mr. Nankivell, Chatham; Dr. Westland, Highgate; Messrs. Black and Leech, Bath; Mr. Eastwood, Blackburn; Dr. Bennett, Mottram; Mr. Wheeler, Holloway; Messrs. Lindop and Thomson, Newport; Mr. Webb, Northleach; Mr. Sharp, Woodside; Mr. Bromwich; Mr. Simpson, London; Dr. Allt, London; Mr. Etheridge, Teignmouth; Mr. W. Row, Market Overton; Mr. Dale, London; Mr. C. F. Ruiston, New York; Mr. Fisher, London; Mr. Steel, Stafford; Dr. March, Rochdale; Mr. Johnson, Southport; Dr. Harris, Leighton Buzzard; Mr. Wither, Coventry; Mr. Soars, Horncastle; Mr. Clark, Glasgow; Mr. Shaw, Attercliffe; Mr. Robinson, Ham; Mr. Murphy, Cork; Mr. Brown, Sheen; Mr. Bampton, Shepton Mallet; Mr. Le Page, Durham; Mr. Norman, Middlesborough; Mr. Brown, Ashford; Mr. Hales, Atherstone; Mr. Ironsdale, Uttoxeter; Dr. Browne, Aldborough; Mr. Holden; Dr. Douglas, Perth; Mr. Hall, Chesterfield; Messrs. Sloman, Farnham; Mr. Farr, London; Mr. Harding, London; Dr. Dixie, Lee; Mr. White, London; Mr. Wiggins, London; Mr. Worsley, Haywood; Dr. Ramsden, Manchester; Messrs. Raitill, Willenhall; Mr. Evans, Seaford; L.R.C.P., Dalston; M.D., Bayswater; M.R.C.S., London; B. S. H., Bury; Delta, Liphook; M.R.C.S., Kensington; Alpha; A.; Physician; A Constant Reader; A. Y.; M. M.; F. R. M., London; Medicus, Swansea; M.D., St. Ives; L. M., Ramsey; Medicus, Bedworth; F. S. A., Leeds; M.D., Newark-on-Trent; T. M., Milford Haven; F. M. J.; Medicus, Charlton; Scholar; C. T., London; M.D., York.

Southsea Observer, Welshman, Newcastle Chronicle, Western Morning News, Animal World, Worcestershire Chronicle, Cork Constitution, Huddersfield Chronicle, Manchester Guardian, Surrey Advertiser, East London Observer, Birmingham Morning News, Aldershot Gazette, Macclesfield Advertiser, Isle of Man Times, Record, and *Jarrow Express* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, SEPT. 16TH, 1875.

Date	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Sept. 10	29·96	E.	53	56	72	65	54	...	Overcast
„ 11	30·13	E.	54	57	78	65	54	...	Overcast
„ 12	30·33	E.	60	62	99	72	56	...	Overcast
„ 13	30·25	E.	58	60	104	78	59	...	Overcast
„ 14	30·20	E.	60	63	105	72	59	...	Hazy
„ 15	30·19	E.	59	61	107	72	57	...	Hazy
„ 16	30·14	E.	55	57	...	...	54	...	Fine

Medical Diary for the ensuing Week.

Monday, Sept. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Sept. 21.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Sept. 22.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Sept. 23.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Sept. 24.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Sept. 25.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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